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# as I remember

*William T. Sanger*





# In Explanation



The prospective reader of this book deserves a word from its author, who regards it as both history and autobiography. The program and development of the Medical College of Virginia (Richmond) is an important chapter of the history of Richmond, the Commonwealth, and the nation. Its identification with the community, local and far-reaching, was effected by its staff, facilities, services, and budget.

Too, a book about any alma mater, when read by a graduate, reaffirms his close relation with the nourishing institution and stops "lostness", a sad plight. This small volume may be an effective instrument of renewal.

How the role of home and environment is reflected in life's careers to the very last years can be noted in this story.

Similarly, the role of early minor careers in teaching and educational administration in preparation for the major career as president of the Medical College of Virginia for 31 years is obvious. (Continued on back flap)















**AS I REMEMBER**





# AS I REMEMBER

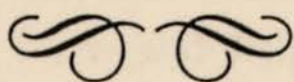
By

WILLIAM T. SANGER

Chancellor Emeritus

Medical College of Virginia

Richmond



1971



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## PREFACE

This book was inspired by the suggestions of friends who thought there was a story to tell and by the belief that the book would be helpful to some future historian. I undertook the task of writing the book as a challenge and as a means of expressing my gratitude to the College for its kindness to me. Since MCV alumni superbly supported my administration and are so cordial and pleasant to meet as individuals I decided to turn my manuscript over to the Alumni Association for publication for its sole use.

There are admitted errors in this book, despite diligence in checking and rechecking. This and related work put me in continuing debt to my secretaries, to my readers.

The group of secretaries who contributed directly to the book were parttime with short tenure, but I must express genuine thanks to each and mention Miss Nandine Averom, Miss Jackie Moeyo, and Mrs. Patricia Dunaway.

Dr. Joseph C. Robert, professor of history at the University of Richmond, was the first reader. He encouraged and criticized substance and form and helped to keep emphasis in balance. His experience as scholar and author was indispensable.

Miss Thelma Vaine Hoke, invaluable secretary during my most fruitful years, also read the manuscript to edit and to further check facts—special thanks to her.

Dr. Edward C. Peple, professor of English, University of Richmond, made a searching analysis of the manuscript with respect to sequence of sections and their materials, with respect to balance between addenda and the main body of the text and



consistency in punctuation, etc. Much praise and hearty thanks are due him.

Finally, my wife, Sylvia Burns Sanger, wrote most of the section on the Burns Family and read part of the manuscript. To her, too, I am indebted, as I am to my niece, Miss Virginia Miller, who aided with many concluding touches, and to Miss Minnie M. Franck, executive secretary, Alumni Association of the Medical College of Virginia, for important editorial work.

WILLIAM T. SANGER

Richmond, Virginia

Date .....

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# I. PREPARATION

## 1. THE EARLY YEARS

The first immigrant Sanger on record arrived in Massachusetts in 1636. Our family name, most commonly spelled *Sanger*, *Singer*, or *Senger*, derived from the German *Sänger*.

Pennsylvania, friendly to religious dissenters, attracted many from the Old World, among these my Sanger ancestors, who arrived about 1732. John Sanger (died circa 1790) remained in Dolphin County, Pennsylvania, where he took up a tract of land (1746), while his son, Conrad, my great-great-great grandfather (circa 1765-1822), moved to Virginia (1813) and located at Pleasant Valley, near Harrisonburg, Rockingham County.

A second Conrad Sanger (1799-1872) was succeeded in turn by my grandfather, John Sanger (1801-1880), who moved his family (1855) to Sangersville, Augusta County, then a United States post office. In this area, he acquired a considerable tract of land that extended into the mountains to the west or to the eastern ridges of the Alleghanies. In these mountains, livestock periodically found food, water, and salt. There, my father, the youngest of twelve children, lived. He said that he cried a bit when he was unable fully to understand English his first day at the one-room, log schoolhouse, where later he taught.

I have no recollection of my Sanger grandparents. Grandfather died in 1880 before I was born, and Grandmother died in 1888 when I was three.

I well remember, however, the physical plan of the old Sanger home. The dwelling was a long-brick building with full



basement, in which were located the kitchen, dining room, and a number of storage spaces and work rooms. All along the first story was a porch. The room arrangement was simple, each room opening on the porch; to get from one room to another sometimes it was necessary to go through an intervening room or to use the porch. There were other sleeping rooms on the second floor above the basement. At the south side of the house, a large vegetable garden was laid out, and on the edge of it near the house was a beehive-like baking facility. Heat was supplied by a large fire in the oven; and when the oven was thoroughly heated, the red coals were raked from it, the bread and pies put within, and the large iron door closed. The baked goods were always delicious.

As a youngster, I delighted in hearing retold the story of Stonewall Jackson and a contingent of his men, who, while camping on my grandfather's place, were served bread and pies baked in the outside oven by teams of women throughout the day. While the baking proceeded, the soldiers and officers got into a variety of arguments, some of them religious. At one point, the argument got pretty hot; and General Jackson said to his soldiers who were participating that it was time to quit, "The Dutchman has won the argument." This Dutchman was my Grandfather Sanger who came from a Pennsylvania-German family.

The resources for living on my Grandfather Sanger's farm were derived almost totally from the farm. It was said that only two commodities were bought, kerosene and calico; woolen goods were made on the farm to be used for clothing; flax was used for weaving linen.

On one side of the dwelling was a large open area; beyond the barn and barnyard was a row of shops for the work of the blacksmith, of the shoemaker, of the wheelwright, and of the carpenter. There, too, were structures for weaving, for grinding grain, for spinning, and for other activities essential to family living. The itinerant shoemaker, who came at least once a year, lived with the family, while repairing and making shoes. This type of economy has always appealed to me, and I am pleased to be able to remember something of its independence and responsibilities.



It was about seven or eight miles from our home in Bridgewater to the farm of my Sanger grandparents. A trip was carefully planned and carried out on a pretty rigid schedule. Our stay was usually long enough for the youngsters of the family to have a good play together and to visit some of the kin people in the area. In the event the visit included a Sunday, we naturally had to go to Sunday school and church and sometimes my father preached the sermon.

My Thomas grandparents also lived on a farm near Spring Creek, Rockingham County, three and one-half miles from Bridgewater. The Thomas farm lay along Beaver's Creek, which afforded opportunities for fishing and swimming in the summer. The relatively level farm land stretching along Beaver's Creek was quite fertile and tillable. In addition to the usual farm buildings, there was a carding mill where people brought their wool to be cleaned and made into yarn for weaving blankets, cloth, and stockings. At Grandfather Thomas's, there were opportunities, as at Sangersville, for youngsters to play and frolic.

I remember very well my grandmother, who died in 1912. I knew her while she was living on the farm and also while living in Bridgewater with several of my uncles. She was widely regarded as an unusual woman of saintly influence and wise counsel. It was really a delight as a college student to discuss with her some of the issues of the day and of olden times.

I never knew my Grandfather Thomas personally. He died in 1868 at the age of forty-seven. He gave much of his time to preaching and evangelistic work, often traveling through the mountains of West Virginia on preaching missions. I have heard it said a number of times that he had a remarkable voice; and when meetings were held out of doors, even the most distant members of the congregation could hear him distinctly. During one of his trips, he contracted pneumonia and quickly passed away.

My father, an inventive and creative gentleman, bought (in the 1870's) a small tract of land on the edge of Bridgewater, Rockingham County, Virginia; and there on a high hill built a square, red, eight-room house of brick. The clay needed was



dug from the brick kiln site, molded by hand, and built into a kiln. After this kiln was fired, the brick was carried directly to the bricklayers for use in the house. The exterior walls of the house were double, tied together with long bricks. The air space between the walls was to act as buffer against the heat of summer and the cold of winter, and it worked.

This house had eight rooms, four upstairs and four downstairs, with a full basement, which was divided into several rooms for the storage of canned goods, vegetables, apples, and other fruit. To prevent too much loss of moisture from vegetables and fruit, the builder did not carry excavation to the basement floor level in two rooms. They thought that this higher level would cause fruits and vegetables to retain their moisture better.

Adjacent to the outside cellar door was a "pit" where the potted flowers and plants that could not be wintered inside the house were stored attractively. This pit was covered by glass doors and in very cold weather was also covered by solid doors. This outside pit cover was further weather protected by layers of old rag carpets.

There was no central heating, but the cook stove warmed the kitchen and dining areas; Franklin stoves heated the living room and the parlor across the hall from the living room. The interior finish was the beautiful wainscoting characteristic of the period. In the kitchen, both well water and cistern water were available for the large sink. Well water was furnished by a windmill, the first in the area. On one side of the main house, wagon shed, corncrib, and barn were built; another structure called the wash house, one end of which was a smokehouse, was also constructed. The upstairs of the wash house had two rooms where my sisters and their friends played games and dolls. Occasionally, I gave them a rough time by upsetting the family groups of dolls.

There was an orchard with many fruits, a large garden for vegetables and berries, a pasture for the cows and horses; and at times we grew some grain. Our shop was well equipped with tools.

My father was a minister of the Church of the Brethren, holding its highest rank of elder. However, since no salary was paid to ministers of our church of that day, cash income had to



be sought elsewhere. Earlier my father had studied pharmacy as an apprentice at Luray, Page County, Virginia, and had become a licensed pharmacist under the grandfather's clause when the registration law went into effect in 1889. His license to practice is in the museum of the Medical College of Virginia school of pharmacy.

At one time, after my father sold his drug store, he and his two brothers engaged in a rather large merchandising enterprise in Bridgewater. This I remember well. I also remember the telephone in our home, one-half mile from the store. This telephone was the first in the area. Even today I do not know exactly how it worked, as there were no batteries. The human voice was transmitted by vibrations originating in a box about ten to fifteen inches square, the front of which was covered by a large, tightly-stretched skin with a large button in the center. A small hammer hit the button to alert a possible listener at the other end of the line.

I was born September 16, 1885, at the "Red House." My father, Samuel F. Sanger, and my mother, Susan Thomas Sanger, provided a home for their children, the memory of which I still cherish. Magazines suited for all ages were available, and we in the family circle often discussed appropriate articles. The subject matter of the many books was often of a religious nature. My mother and older sisters read me such books as *Grandpa's Stories*, *Stories of the Bible*, and *First Steps for Little Feet*.

My older half sister, Lizzie, when she was only a child, lost her mother and never knew, except when she was later told, that she was our half sister. To me, she was a remarkable woman even to the end of her long life. She was graduated from Bridgewater College and never lost her desire for personal development. Mollie, the next girl of the family, was artistic and enjoyed painting during her college years. Lula, about five years older than I, was assigned to watch my growth and development. She, too, loved books and profited greatly by her college experience. Then there was a younger sister, Vesta, who was the star of the family, academically speaking. She was almost a mathematical genius with a very brilliant college record at Bridgewater College, at LaVerne College, California, at the Uni-



versity of Southern California, and finally at the University of California in Berkeley. She was about to receive her doctor's degree in mathematics (her thesis was on some phase of the theory of equations) at Berkeley when she was stricken with a streptococcus infection following emergency surgery in the University of California infirmary. Her death (1923) was a great personal blow to me and, of course, to the other members of the family.

Although I was an active child, I received at an early age drops prescribed for inflammation in both eyes. My eye doctor seemed not to be able to combat the inflamed and, at times, ulcerated eyes. Then began eye troubles that have plagued me all my life. There were drops and more drops and spectacles that interfered with play. I suffered almost complete loss of vision in the right eye but conserved enough vision in the left to get along through school, college, and the later years. Due to my fondness for reading, I suspect that I overused my eyes. This love of reading compensated for my inability to see well enough to engage in many sports, although I did some boxing in college, even at times wearing my glasses.

My parents, unlike some of our neighbors, permitted us to engage in recreational activities and to study our lessons on Sundays. They thought it was better to have youngsters engaged in useful activities on Sundays rather than to have them sit around with the adults. In a home such as ours, one could expect that there would be Bible reading and evening prayers. On Sunday, all of us went to church in the family carriage. As a youngster, I sat with my mother and, later, with boys my age. In those early years, the women of the congregation sat on one side of the main aisle and the men on the other. On the rostrum, the minister and elders, if there were more than one present, sat on a bench facing the congregation. The deacons sat on a bench with their backs to the congregation.

Sunday school apparently became an institution of the various denominations of the Bridgewater community about the same time. Because we lived nearer to a Baptist church, we younger children attended Sunday school there. There we learned Bible verses, in addition to the regular lesson. Our teacher



gave us picture cards as a reward for correctness of recitation. These smaller cards could be traded in for larger ones, and these larger cards could be turned in for attractive books. Later, my sisters and I went to Sunday school either at Bridgewater College, where there was a regular, organized school on Sunday afternoons, or we went at other times to Sunday school at our church, where it was held prior to the church service.

Very few people have been either a student or a teacher in a Sunday school longer than I have. In this work, I felt strength and growth. Incidentally, my first class was conducted when I was in upper high school. I taught, as I had been taught, utilizing a wide variety of texts.

## 2. *GOING TO SCHOOL*

When I was ready for grade school, there was still competition between the public or "free" schools and private schools. The latter predated public education and in my boyhood was considered important by many families. As time passed, private grade schools disappeared although some private high schools survived.

In the Academy associated with Bridgewater College, a one-room, ungraded private school was maintained; here I started the long road of education. My teacher was the wife of a member of the College music faculty, Mrs. George B. Holsinger. We children called her "Miss Sallie." I do not remember my first day at school, as some do, but I do remember her kind helpfulness and dedicated teaching. Most of the time we walked the three-fourths of a mile from my home to the College campus. Our playground was a part of the athletic field used by students of the Academy. Scheduling made joint use possible.

In my childhood, almost the entire primary department, as our part of the school was called, joined the rest of the students of the campus at chapel services. Sometimes we had one of our public programs of recitations, and at other times we prepared memorized material; these programs we youngsters looked for-



ward to with considerable interest. One of the earliest recitations assigned to me ran: "There was an old woman who lived under the hill; if she is not gone, she lives there still." I was a bit scared when I spoke these lines before a sizeable audience. Later on in that same chapel, I participated in many oratorical and forensic programs. I also conducted morning services there as a member of the faculty.

We children of the primary department took pride in new clothes, liked good things to eat, and enjoyed recounting the play of week ends. My father attended the World's Fair in Chicago, 1893. Among the gifts he bought at the fair was a red Turkish fez with a long black tassel. I could hardly wait for morning to arrive when I might show the boys of our classroom my new red fez. This fez I kept for many years and often recalled, whenever I viewed it, my childish aspiration to show off something new.

Miss Sallie was most resourceful in conducting drill work, in motivating her students, and in holding them to account for class assignments. Besides the riches in textbooks, we learned many things from her. Her strong religious interests and her concern for music and for happy living and for acceptable behavior made her an excellent teacher.

The panic of the mid-nineties settled on the Bridgewater area like a blight. I remember hearing my father and his two brothers, operating as Sanger Brothers, discuss the inability of customers to pay their accounts and, in turn, the inability of the owners of the big corner store to pay for goods bought from suppliers. In time, the store virtually closed down for lack of things to sell and of money to buy. My father's brother-in-law was brought into the firm to help hold things together, and in time the store carried his name, George W. Thomas and Company. This was always an unusual store. It bought products from the farm, such as sheep, turkeys, chickens, perhaps hogs, cordwood, cedar shingles for roofing houses, and lumber of many kinds. The store functioned as a community market, both buying and selling goods and products. The range of items for sale ran from cloth and clothing to groceries, to hardware, to harnesses, to fuel oil, and to furniture.



In 1896, my father took a salaried position as traveling passenger agent with the Southern Railway Company. His job was to seek locations in undeveloped areas of the South as possible places for colonizing members of the Church of the Brethren, who might be interested in attempting agriculture in a new area. The new job meant we had to leave the big red house and its pleasant surroundings to live on the main line of the Southern Railway. After a freight car of belongings had been fully packed, my mother and sisters took a train to Manassas, where they changed to another train going to Calverton, Virginia, a point on the railroad where a branch line ran to Warrenton, Virginia. Calverton functioned as a rest stop for the luxurious Pullman trains and as a reorganization point for long freight trains. At Calverton, about forty-five miles south of Washington, we moved into a large attractive house located on a considerable farm; rent included a number of farm animals and farm machinery. There was much work to do. The front yard contained three or four acres and had to be mowed with power equipment. The family spent only one year at Calverton, but my mother and older sisters did not find the adjustment easy. Our oldest sister became a tutor in a family across the highway. and the next oldest sister, Mollie, had married before we left Bridgewater.

When fall arrived, there was school again, this time it was a one-room school, taught by an unique woman, Miss Mildred Voght. She was a graduate of the State College for Women, at Farmville, Virginia, which prepared teachers for a great work. The children of the Calverton school were an unusual group; their spirit of cooperation almost made them seem like a single family. We shared our work and our play under Miss Voght's direction as though there was just one thing to do—to get on in the world. Miss Millie, as we called her, shared our joys and sorrows, our work and our play; often she joined in a ball game or led in a square dance on the school ground. Sometimes at the noon recess, we boys hunted rabbits with dogs. A rabbit sold for ten cents, but a dime bought a good deal of candy in those days. Over week ends and during the summer, a number of the boys went swimming in Owl Run, which we crossed on the way to



school, and also in an open cistern (thirty feet across and ninety feet deep), which the railroad company built to store water for use in its engines.

I believe I learned as much during that one year in a one-room school as I could have learned anywhere, and I stand ready to rise to its defense. Today, in the age of mass education we tend to forget the unique qualities it offered. Years later I made a commencement talk in the high school of the Calverton area and noted sadly that the one-room, frame schoolhouse was gone; however, I still have my memories.

After one year at Calverton, the family moved to eight or ten acres of land on the edge of Manassas, a little more than thirty miles south of Washington. This was a larger community, and from it ran the branch railroad to the Shenandoah Valley beyond the Blue Ridge. I can recall many facets of my life at Manassas: the good neighbors; the newspapers; Ruffner School, which my sister Lula and I attended; the big railroad wreck in the heart of the town; the big blizzard of 1898, which the heaviest trains could not cope with for three days. We had apples and other fruits, watermelons, cantaloups, and vegetables in abundance; we had to raise and cut corn for the cows, and we had to make hay for the horses.

My father was away from home a great deal; this meant that I had family chores which often required adult strength. However, I did not mind very much as I was somewhat large for my age and strong enough to cope with many of the small farm problems. At times, there was a hired man to help. My mother and sisters and, to a lesser extent, the hired man instructed me in the methods of horticulture.

I enjoyed Ruffner's school on account of the head teacher, Charles Ruffner, who, however, was not the man for whom the school was named. That name was supposed to commemorate the remarkable career of William H. Ruffner, the first State superintendent of public instruction in Virginia. Mr. Ruffner used to play with the students on the playground; yet we respected him for his fairness and for his strength as a teacher. One of my problems during this period at school was my inability to see the blackboard from my desk, even when I was



seated nearby. This annoyed me. The physical defect became more apparent both when I played on the athletic field and when I attempted to do the routine work of the classroom. Doctors in Washington and Baltimore agreed on the diagnosis—progressive myopia.

The year 1898 ended with the death of my mother on November twenty-second. The diagnosis was malarial fever, but she had not been well for a considerable period. I do not want to dwell on this great sadness that made a number of changes in our family, except to say that from the standpoint of the son of the family, no one ever had a mother whose memory was cherished with deeper affection. I remember her beautiful wavy, brown hair, her kindly expression, her gentleness, and her ability to meet emergencies without complaint.

In about a year, my father came home with our stepmother. I suspect it was not an easy adjustment for her as there were four children still left in the family, but she measured up superbly. She gave great strength to my father and a real mother's love to the children. Quickly we came to respect her and to love her during her long life.

### 3. *WE MOVE AGAIN*

A few months after my father's marriage, he announced that we were going to move to South Bend, Indiana, where he could be closer to the headquarters of the Church at Elgin, Illinois, and where he could accept the assignment of traveling secretary of the Mission Board. In preparation for the new move, we held a public sale. Although much personal property was sold, enough remained to fill a well-packed freight car. After many sad good-byes, the family took a Chesapeake and Ohio passenger train for the Midwest. When we arrived at South Bend, the weather was cold in comparison with that of Virginia. We occupied a good part of a building which housed the drug business that my father had bought.

A few days after arrival, I began attending the Madison



School, the first half of grade seven. I had expected to enter the second half of grade seven or the first half of grade eight. Madison School was only a few blocks from where we lived, and I walked or ran this distance in a few minutes, especially during some of the bitter-cold weather.

When spring came, we moved into a large, attractive house at 549 North Cushing Street. On the rear of this property was a small garden and a building for housing a horse and buggy and a structure which accommodated the small drug business. On the second floor was located the print shop in which I spent many hours. Here I qualified for membership in a printers' union before I left for college. At the time, I had some thought of journalism or publishing as a career.

After my first year in South Bend, I was transferred to the eighth grade. This class met in another building at considerable distance from my home. The work of the eighth grade was departmentalized with different teachers for different subjects. I enjoyed the work in this grade and felt a bit important at times. I especially remember the history class in which we were asked to report on phases of Southern history. Since only a few pupils of the large class were familiar with this period, I could genuinely shine. One of the pleasant experiences of the year was carrying the books of a pretty girl, who lived in our neighborhood and went to the same classes.

In the other years of high school, we studied typical college preparatory subjects, including four years of Latin and two years of German. The latter was taught by a German-born teacher. I admit I enjoyed the courses. During high school days, I made many friends and I have kept in contact with a number of them. Our school encouraged debating, and I was an active and frequent participant. A session of the Henry Clay Debating Club convened on Friday nights in the office of a local lawyer, whose son was an excellent member of the debating team. Since I entered the eighth grade in the middle of the year, I could have been graduated in midterm, but I preferred to continue to the end of the school year, taking extra advanced subjects.

Commencement was a happy time for all of us. The class was large, and the functions were numerous. Then came the



commencement exercises, at which several members of my family were present. I still have bound copies of the high school journal, which was managed and edited by students.

Before I completed the eighth grade, I began to deliver newspapers after school, usually while riding a bicycle. I covered a good many miles daily, sometimes over the packed-down snow of sidewalks and streets. I have always regarded the experience of managing a newspaper route as important to my development. It was with some reluctance that I gave it up a short time before I left for Virginia to enter Bridgewater College. Many years later, articles appeared concerning some of the newsboys' experiences both at college and at work.

My father rarely disciplined us, but I remember some severe punishments. Both he and mother expected good behavior, obedience, truthfulness, promptness at meals, cooperation in family work, and respect for the rights of others. My deportment was probably average. How does one know? I continue to be grateful for the lessons which I learned at my mother's knee. She taught me that discipline is a lifelong, inescapable process.

#### 4. THE NEWS CARRIER IN LATER YEARS

*The South Bend Tribune* (Indiana) on Tuesday evening, October 7, 1941, recounted, in more than a column and a half, a story of one of its news carriers. This newsboy served one of its paper routes for more than five years, went to college, obtained a doctor's degree, and began his career as a junior faculty member in a Virginia college. The *Tribune* finally recounted how he became president of the Medical College of Virginia (1925). This newspaper story had much praise, going into some detail about his high school record in South Bend; and this article emphasized the fact that other news carriers, present and past, could likewise find rewarding careers through never ceasing, earnest effort.



This *Tribune* article was one of a series regarding the after years of a number of its news carriers. Unfortunately, I never received any of the other *Tribune* stories. I am glad to mention, however, how they handled my case. I firmly believe that young men, by reading the biographies of great men, can be inspired to pursue fruitful careers.

## 5. TO COLLEGE

Going to college was an exciting time. I had been saving, and my parents, too, for the day when I was to return to Bridgewater, where I was born. There I was to live with my sister, Mollie, on a fertile farm about one mile from town.

I arrived at Mount Crawford after a long train ride. This station was on the valley branch of the Baltimore and Ohio Railway, located about four miles from the town of Bridgewater. After I checked my suitcases and trunk aboard the mail carrier's spring wagon, operating from Mount Crawford to Bridgewater, I took off on my bicycle, riding over rough and muddy roads. When I reached there, I was greeted by my brother-in-law, Virgil Miller, who drove me to the farmhouse; there I missed my sister, Mollie, who was at Stribling Springs, where we would go the next day. The first night in Virginia would have been depressing but the excitement of settling down in my own room and adjusting to another family routine kept me from being homesick.

At Stribling Springs the following day, my sister welcomed me warmly. That was Saturday, and on the following Monday I entered Bridgewater College to meet a circle of new friends and to begin a period of fruitful academic work; this was the fall of 1906. My first year I enjoyed greatly my studies of Latin, Greek, English writing, and one of the sciences.

I joined the Victorian Literary Society and attended the first meeting. In preparation for this, a group of students rehearsed several songs and discussed how to manage an extemporary debate between two volunteer student teams. One of the



young women on the stage that day was Sylvia Gray Burns, another freshman. I noted her beauty and charm, as I helped her down the steps of the platform. I also noticed that she was blushing. About seven years later, this young lady and I walked down the church aisle, together. Strangely enough, during my three college years, I seldom talked to Miss Burns. The reasons were that I had left a girl behind in Indiana and was developing a budding interest in another girl on campus. Since Miss Burns was very popular and had many affluent, well-bred suitors, I felt myself unable to compete for her attentions.

I remember with great fondness my college teachers, friends, and associates. Classes at the College were small; teachers, excellent; studies, challenging. Outside the classroom, I enjoyed participating in formal debating, both on the local campus and with other institutions. In my last year, I was elected captain of the college debating team. Later I found the courses in English, chemistry, geology and mineralogy, history, philosophy, and logic good preparation for graduate studies. I was too nearsighted for sports, but, as a spectator, I enjoyed the excitement of the college athletics.

College dramatics also appealed to me; in the student production of *The Merchant of Venice*, Miss Burns had the role of Portia, and I was Shylock himself, which was great fun. Although I had little musical talent, I participated in several operettas. At commencement, 1909, I felt very honored to have been chosen as president of the graduating class, as editor of the college magazine, as participant in the class play, and as speaker to deliver on commencement morning an original paper, "Development of the Ethical Ideal."

My father was present at commencement, and I returned with him to South Bend, Indiana, for summer work and preparation for entering Indiana University at Bloomington. I was to enter as a graduate student in psychology, associated sociology, and anthropology. My summer work constituted a continuous effort to help pay for educational costs.

When I appeared before the dean of the graduate school, Dr. Carl H. Eigenman, a distinguished biologist at Indiana University, he asked me how I had managed to get through



college in three years. I replied that I had received some credit for advanced courses in high school and had taken extra subjects during the college years. Doctor Eigenman said, and his remark alarmed me, "We know very little about Bridgewater College, but you are now a student at our University; and when you deliver the goods, we shall be glad to give you a master's degree."

That year at Indiana was most rewarding. Our classes were larger than at Bridgewater; teaching was, from my point of view, excellent. I liked my fellow students, and during the year I became a charter member of Phi Delta Kappa, the honorary education fraternity. Harvard had captured Alpha Chapter, and Indiana, Beta Chapter. Throughout the year, I was a member of seminars dealing with a variety of stimulating subjects. My thesis was on Freudianism; an investigation into this subject evolved from an interest in the visit of Sigmund Freud to Clark University the year before, at which time the leading Freudians of the world and several leading neurologists were present.

Unhappily during the year 1909-1910, I developed appendicitis, and it plagued me greatly. The night before going to the hospital, since Christmas was approaching, I worked until four o'clock in the morning on a term paper for Doctor Lindley. The disappointment of spending Christmas in the hospital was softened considerably by the visits of University professors and gifts of flowers and fruits. The hospital was an old residence across the railroad tracks and had been remodeled to provide health care. The superintendent of nursing, the staff, and student nurses were a great comfort to a homesick boy several hundred miles from his family.

Before I left the hospital, my chief, Dr. Ernest Lindley, surprised me by saying, "Don't worry about the academic setback from the appendicitis; when you return from home after convalescence, if you pass certain special examinations that are to be given you, we shall give you credit for the first semester." My head physician was the chief surgeon of the Monon Railway, and he was supported by several members of the faculty of the



University medical school. I was impressed by the care given and the interest shown to an unknown student.

Prior to the second semester, I had made up my mind to forego journalism, although I had had a good deal of student experiences in this field; also I had decided not to pursue law as a profession, but to seek a career in college teaching. At times, I toyed with the idea of being a preacher, like my father. This was natural because of my strong religious background, but in time I gave up the idea because I was too nearsighted to read the Scriptures from the pulpit and to identify the members of the congregation readily. Yet, through life I have continued to welcome opportunities to speak publicly. I like to recall the remarks made by Wayland in his *Men of Mark of Rockingham County*. "If eloquence is not hereditary, the powers thereto may be. At any rate, Doctor Sanger has the logical, incisive qualities of speech, as well as the administrative ability, that distinguished his father and his maternal grandfather."

At Indiana University I was in competition with many able students and was pushed into important decisions and accomplishments. Each of my professors had studied in universities abroad. In laboratory psychology, Dr. George F. Arps, who had just returned from William Wundt's laboratory at Leipzig, bore down on us hard. Likewise, I still regard as exceptional the instruction I received in genetics, psychology, philosophy, ethics, and physical anthropology.

## 6. COLLEGE STAFF APPOINTMENT

During the summer of 1910, when I had more time to relax, I received an appointment to the faculty of Bridgewater College and was told to report in the fall. I was supposed to teach several subjects in Bridgewater Academy and some subjects in the College. It turned out that I had very little time to give to the Academy because of the demands the College made on me. In the College, I was an instructor in English writing, Greek, and psychology. Later, I also taught psychology; history, including church history; and philosophy. It was during the



next few years that I worked out courses in religious education, which a graduate student at the University of Virginia said later in his dissertation were the first courses of the kind to be given in Virginia. (This is his statement, not mine.)

While at Bridgewater, I often made week-end visits to Waynesboro, Virginia, to call on Miss Sylvia Burns, a teacher in the schools there. While the train trip was difficult, the pleasure of Miss Sylvia's company easily offset any travel inconvenience and we developed a more closely knit friendship. After this academic year (1910-1911), we were engaged, following several visits during the summer to her interesting home in Bath County.

In 1911, I set off for New York to take graduate work in psychology, physiology, and neurological psychology at Columbia University. Since I arrived in New York on a week end, I wandered around in Central Park and in the area of the University, feeling a good bit homesick. Summer session University fees (1911) totaled \$30; for registration, \$5; tuition, \$25, as shown on the bursar's statement I still have. I lived at Livingstone Hall and boarded around at cheap restaurants. The six weeks' summer school, I found, provided a stiff academic workout and further prepared me for my regular semester work. I was pleased that during my summer in New York one of my teachers strongly urged me to become a graduate student at Columbia.

When I returned to Bridgewater, I received a salary of \$700 for the academic year with a room in one of the College dormitories and board in the dining hall. The new salary constituted an increase of \$100 over the previous year. I was now able to pay off some college debts. The routine of this year was much the same as the year before, except I was given more faculty responsibilities and more advanced classes to teach. I welcomed the challenge.

## 7. *AT CLARK UNIVERSITY*

The graduate school of Clark University in Worcester, Massachusetts, offered me a junior fellowship. I was to be un-



der the guidance of Dr. G. Stanley Hall. In September, 1912, I enrolled at Clark and took psychology, philosophy, school hygiene, sociology, cultural anthropology, and biology. There, I emphasized psychology and the basic sciences. The faculty, including all instructors, totaled nearly one-half the number of students.

Clark University was a unique school modeled in some respects on contemporary German universities. There was no requirement as to hours, much emphasis on research, and a rounded program of coordinated subjects. Doctor Hall advised me to sample in the first weeks all the courses in which I was interested and then to decide on those I wished to pursue in depth.

At Doctor Hall's home there was a seminar every Monday night. There were two parts to the seminar. In the first part a doctoral research paper was read; in the second a report on master's research was presented. Refreshments were provided between the two parts of the seminar. Discussion was often enthusiastic and lengthy.

As a newcomer to Clark, I was surprised when I was asked to read excerpts from my master's thesis at Indiana University on Freud's psychoanalytic method. Dr. Sigmund Freud in 1881 began his work with Breuer, also a physician. Later he studied with Charcot in Paris (1885-1886) and then returned to Vienna to persuade Breuer to pursue further the development of the psychoanalytic method. This method constituted a new school of thought which the psychiatrists of Europe and later of the United States studied and also used with some promising results. I felt that the method was too extreme.

My thesis began with a discussion of six theories of consciousness and, at some points, of subconsciousness. My conclusions did not square fully with Freudianism. I wished to hold to the hypothesis of the unconscious rather than subconscious. I even said that the word *subconscious* was an unfortunate term. It was inadequate and misleading in many respects; and I proposed that the scientific world discard it. At about this point in my presentation, Doctor Hall interrupted me with rather sharp criticism. This interruption was upsetting at first until Doctor Hall, after the discussion, invited me to his study upstairs.



When I was comfortably seated in his charming study, he asked me, "Mr. Sanger, what subject have you selected for your doctor's thesis?" When I replied that I was interested in writing a paper comparing the levels of ability between Negro and white children, he turned to me and said, "Mr. Sanger, that is not a good enough subject for you." Then Doctor Hall said he had tried to get several students interested in the subject of senescence, and none had done acceptable work. He did refer briefly to one master's thesis on senescence and asked me to look it up. I was to report back in a week to tell him whether I was going to change my research subject or not.

I was much upset by Doctor Hall's suggestion, but I accepted it. The decision to change my research subject meant that much of my academic life at Clark had to be rechanneled. Much time had to be given to my orientation in the whole field of aging. I had to become familiar with appropriate material in the fields of physiology, medicine, psychology, and social anthropology. Naturally, I continued to attend Doctor Hall's seminar and to profit from it. I also usually was present at about three of his lectures a week.

The Clark University catalog issued in February, 1913, in the middle of my first year there, carries this list of the teachers whom I selected at that time:

Granville Stanley Hall

President of the University and Professor of Psychology

Three lectures a week, 11:00 a.m., reviewing psychology in many phases, including psychology of religion; at times higher education; world-wide-administration; *et cetera*. Seminar, Monday nights at his home.

Clifton Fremont Hodge

Professor of Biology

Anatomy, histology, embryology, neurology, biological theory, afternoon laboratory.

Amy Eliza Tanner

Research Assistant to President Hall. (She had recently completed a book on "What Is Spiritualism?"



and discussed her findings with us students several times.)

Alexander F. Chamberlain

Professor of cultural anthropology

Lectures and seminar

Alexander W. Fernberger

Assistant professor of psychology

Demonstration course in experimental psychology

Samuel P. Capen

Lecturer on education

Historical review of higher education from origin to date.

During my second residence at Clark, I also emphasized sociology and economics, F. H. Hankins; neurology, S. T. Orton; psychiatry with clinic, Edward Coles.

Professors suggested appropriate reading material but made few topical assignments. In the library, each student was given work space, chair, and book shelves in one of many cubicles; that cubicle was his respected domain.

My research on senescence led me into the community to study agencies caring for oldsters. There, I discussed with the aged their individual interests and problems. Often I sought possible solutions from them. Their cooperation was enthusiastic.

I, as a graduate student, nearly every week reported to Doctor Hall. He seemed to like what I was doing and one day invited me to walk with him while he was taking his daily constitutional around the campus lake. These exercise periods came to be some of my most profitable experiences at Clark. Doctor Hall walked briskly and talked rapidly, asking me penetrating questions on a variety of subjects, most of which were covered uniquely in the remarkable Clark University library.

One day in early spring, Doctor Hall asked how I was getting on with my thesis and when I wanted to take my degree. I felt he was considerably disappointed when I told him that it would not be ready and that I would not be prepared to take examinations for the degree that spring (1913). It was a rule at Clark, since there were no course examinations, for the Uni-



versity to test degree candidates extensively in oral examinations and to scrutinize their dissertations.

Since I was not sure how Doctor Hall would view my approaching marriage, I finally decided not to tell him. Later by letter he called me a "sly fox" and said he hoped that marriage would not interfere with my returning to complete my work, in which he was much interested.

### 8. *MARRIAGE, 1913*

I left Clark for Bridgewater to teach summer school (1913 and 1914) at the Harrisonburg State Teachers (now Madison) College. The income derived was needed and I greatly enjoyed the students and faculty of the College.

On August 20, 1913, Miss Sylvia Gray Burns and I were married in the Methodist Church near her home. After lunch, we rode off on a long trip to Rockbridge Alum Springs, Rockbridge County, for a twelve-day stay. There we had one-half of the cottage where Stonewall Jackson and his second wife had spent their honeymoon. We enjoyed sitting on our porch watching guests of the Springs and visitors walk by. Our first morning in the hotel dining room I made the mistake of asking Sylvia what kind of breakfast food, hot or cold, she liked better. The couple sitting opposite us at the time later commented that this remark identified newlyweds.

Many friends kidded me about my having to grade stacks of examination papers, which I had to bring after the close of summer school at Harrisonburg. There had been no time to grade them. "Sanger was the only man ever to grade examination papers during his honeymoon" was a persistent remark.

Rockbridge Alum Springs is still a lovely place, inspiring to all who visit it. The surrounding mountains have a quiet charm of their own; the alum water from the springs is supposed to provide health benefits. At the end of our stay, we packed again and made an uneasy trip to Bridgewater because of poor transportation over two rail lines. An attractive cottage at



Bridgewater was available for \$8 a month, and my yearly salary was about \$850. Relying on Sylvia's savings, we set up house-keeping.

My old checkbook stub shows that my bank balance was \$59 after I had paid our hotel bill at Rockbridge Alum, but Sylvia, as she has often done since, came to the rescue. She had saved \$300 from her salary of \$45 a month as a public school principal in the school of her home community, Burnsville. We still have the bills for furniture and household utensils. These were itemized on two and one-half legal size pages (September 8 to November 7, 1913) and cost \$80 after a ten per cent discount. A part of page one of these bills is reproduced here to show what money would buy in 1913.

September 8, 1913—1 Wash Rubber 40¢; Coffee Pot 12¢;  
 " " —1 Pot Cleaner 5¢; Dish Pan 12¢;  
 " " —1 Muffin Pan 15¢; Potato Masher 5¢;  
 " " —1 Rolling Pin 15¢; Pudding Pan 10¢;  
 " " —1 Sauce Pan 10¢; Alum. Fry Pan \$1;  
 " " —Wash Bowl and Pitcher \$1.

September 10, 1913—1 Bucket 25¢; Dust Pan 13¢; Coal  
 Hod 32¢.

September 12, 1913—1 Kitchen Table \$1.75.

October 18, 1913—1# Fig Newtons 16¢; 1# Beef 40¢.

October 25, 1913—1# Cheese 25¢;  $\frac{1}{4}$  doz. Eggs 8¢;  
 Cup 3¢.

We had lots of fun putting our house in order. Of course, we made mistakes. I bought seven bushels of potatoes at fifty cents a bushel when one or two would have been ample.

For our first Christmas together, we went to Sylvia's home. The weather was bitter; travel, difficult, yet the happiness we derived justified the effort. The day before leaving for Bridgewater and work, it grew darker and darker. Sheets of snow fell, and high winds roared. Would the two-horse team next day be able to cover the twenty miles to the railroad station (Millboro) in time for an early train? We decided to leave immediately and spend the night about five miles from the railway station.

The next day our horses were slowed by the deep snow, and we had also to cross a ridge. When we were in sight of the



station, we were horrified to see our train begin to move slowly away. At this point we began to yell and to whip the horses onward. A member of the train crew, broom in hand, saw us and pulled the cord to stop the train. We scrambled through the snow drifts up the incline and climbed aboard. Fearful that Sylvia's father might not make it home that day, we managed to telephone Burnsville utilizing some lines of the Forest Service. We were delighted to learn that Father Burns had just arrived safely.

The routine of the academic year was somewhat different. I had in the past lived in a dormitory and eaten in the College dining hall. My duties became more comprehensive. Together Sylvia and I made new friends, and we both received satisfaction from our campus life. During the next year and a half, I was supposed to finish my dissertation, review French and German for my qualifying examinations, and make general preparation for the final test. I still had much to do when I arrived on the Clark campus again in the early spring of 1915. I left Sylvia at Bridgewater where she served as a housemother of the College women's dormitory; financial necessity dictated this course.

How was I going to get all my work done? How was I going to be able to prepare for the required examinations in French and German, review the literature in my major field, read broadly in related fields, and finish my dissertation on senescence. I employed the wife of a fellow student at twenty-five cents an hour to do typing and limited research. Because of the war, scarcity of labor caused the University to waive the requirement of printed copies of the dissertation; the dropping of this stipulation eased our finances.

Later, I received notice that I had qualified for the final oral examinations, which were held in an appropriate room in the University library. My examiners were scholars who represented various fields of academic endeavor. I was asked to review the findings of my dissertation; then I was quizzed in depth. The questions were supposed to span a wide range of knowledge. Doctor Hall asked me some other hard questions, and at one point I became a little nervous and he attempted to help me. At length, after more than two hours of intensive quizzing, I



was told that I should wait awhile in the hall outside. I remember well how Doctor Burnham opened the door and whispered, "You shouldn't worry." After fifteen long minutes, Doctor Burnham appeared in the hall with hand outstretched to congratulate me. Others from the examination room also congratulated me—Doctor Hall, my chief, in particular.

Sylvia had come to be with me during the last weeks at the University and we left Worcester before the final exercises, so that I could meet my classes at the opening of the summer session at State Normal School (now Madison College), Harrisonburg, Virginia. I had been excused from commencement at Clark, because I had someone to answer to my name and to come up to receive my diploma. A Mr. O'Brien, a fellow student, agreed to perform this service for me. I later learned that when he arose to answer to my name, a chuckle was audible from the graduating class.

In Virginia, I began teaching in the summer school at Harrisonburg, where I had worked during two previous summer schools. Students were teachers or those preparing to be teachers, whose career objectives were more firmly established than those of most undergraduate students. They were responsive and appreciated special opportunities to learn. I really felt that they enjoyed my classes.

## 9. *THE BURNS' FAMILY*

My wife's family came to this country soon after the American Revolution and in time found in a beautiful little valley among the Alleghanies a place like their own Scottish Highlands. They were one of the many Scottish families who settled among the hills and valleys of Bath County, Virginia. The going was rough, but the new settlers brought with them the skills of their native Scotland. There was timber for cutting and building and, of course, plenty of wood for fireplaces and stoves. They raised sheep, as they still do today. From the wool produced by the sheep, they spun their own yarns and wove it into heavy tweeds



and flannels for their clothes. They wove their own bedcovers, and even the men's suits were made of handwoven materials and tailored in their own homes. In our home in Richmond, we still have a little spinning wheel used in those early years. We also have several of the coverlets, and we have a white "honey comb" counterpane woven by Sylvia's Grandmother Ervine. My wife treasures all these things.

My father-in-law, a fourth generation American, was Charles Wesley Monroe Burns (1848-1930). Mother Burns was Mary Eliza Ervine (1857-1934). They were a wonderful couple, known all over the county as "Uncle Charlie" and "Aunt Mollie." Their home was always a place of warmth and hospitality. Not only were friends and family welcome, but strangers always found a place to lay their heads in this old home. Never was there a bill for anyone—kin, friend, or stranger. Especially was it a place for the preachers and presiding elders of the Southern Methodist Church. They always stopped to visit "Brother Burns" where there was "chicken every Sunday." Father Burns was the moving spirit of the Methodist Church in the little village and was superintendent of the Sunday school for more than fifty years. He also served as county supervisor of his district for many years. To attend each meeting, he had to drive fifteen miles over rough roads to the county seat of Warm Springs; but he was always eager to attend these meetings in any weather because he loved his county and its people.

This little rhyme was composed by a neighborhood wit when Mr. Burns was elected as county supervisor for one of his terms:

Billy Hall, the first of all, came out for supervisor,  
But Charlie Burns, the people thought, would be a little  
wiser.

Then Frederick Fultz, they felt his pulse, and found he  
wouldn't do,  
So they cast their votes like billy goats and pulled old  
Charlie through.

There were six children in the Burns family, four boys and two girls—the two older boys, Elmer and Harry, who stayed



on the farm; Sylvia, my wife, whom I met in college; a younger sister, Mayte; and the youngest, twin brothers, Leon and Landon. After our marriage, the three youngest children stayed with us during the first years of their education, since we always lived in an academic community. Through their college years, we tried to guide them, and they began to seem like our children. Only Mayte and Sylvia are now left of that once happy and lively family.

We own the old farm that has been held by the family since 1817, when it was bought by Joseph Burns (Sylvia's great-grandfather) from James McCourt, a brother-in-law. The land is rented to a neighbor who raises cattle and sheep. We keep the old house. It still looks beautiful with its white clapboard exterior and green shutters. Our home serves as a retreat for any of the family who grows too weary of city clamor. Our post office is Burnsville, twenty miles from the well-known Hot Springs.

### *10. CLARK IN RETROSPECT*

My years at Clark were a fitting climax to all my previous educational experiences. The very freedom of the University gave me the opportunity to plan and concentrate. There I was mature enough to apply myself to the extent that graduate studies required. I realized that painstaking preparation was essential for maximum results and soon learned how to manage my time even more expertly. A questioning mind was required for all graduate work.

At Christmas time of my first year, I was invited to be the guest of a fellow graduate of Bridgewater College in New York. We attended and enjoyed the best Broadway shows. Before we parted, we mutually agreed that my inquisitive spirit must have developed at college. My friend called himself only a business man.

My friends asked me why I attended so many lectures and discussions by distinguished scholars on the campus. I replied



I was collecting handshakes. Being nearsighted, I usually had to shake hands with the guest speaker in order to see him clearly.

Notable among many special campus events was a week-long conference on China—the days of the Empire, the Republic, Chinese life and culture. Scholars and specialists came from many parts of the world and from China itself. Programs were formal and informal. I hardly missed a word. For me, the Orient took on new perspective.

We students also attended some special events at Harvard about forty miles distant. Fare on the electric road was one dollar, round trip. Tickets to the Boston Pops were bargains. A trip on an electric line and a hike were also popular with Clark students. Discussions and arguments were common whenever we ate (each of us carried a paper bag) or rested. Winter skating across the street from the University attracted many of us. It was easy in Worcester to vary the routine of classes and work.

Dr. G. Stanley Hall, my chief at Clark University, was its president, professor of psychology and philosophy, and a world-distinguished scholar; yet he had time to write me from 1912 to 1916; I have on file nineteen letters. There may have been others lost over the years. Here are some of the items my chief wrote to me about.

He suggested that I would find it helpful to work in the Clark library during the summer prior to entering the University, fall of 1912; that a job was open in Texas; that I return in the fall, 1913; that he hoped marriage would not slow down efforts to push work on my dissertation. He also said that he continued to be interested in my research subject, senescence; that he felt the loss of Alexander Chamberlain, who had died; and that he wanted me to represent Clark at the inauguration of Dr. William A. Webb, at Randolph-Macon Woman's College. In other correspondence, he mentioned that there would be a senior fellowship for me on my return to Clark (second semester, 1914-1915); that he had recommended me for a new job; and that he had reread my paper (dissertation) and thought well of it. He also suggested that I tackle revising his *Youth and Adolescence* (two volumes) or write a new book on youth



and that I publish my dissertation, somewhat enlarged, after further research. I am still curious how Doctor Hall could give me so much time while I was on his campus and when I later was a teacher.

### *11. 1915 - 1921*

I enjoyed the next winter (1915-1916) at Bridgewater College for several reasons. Sylvia and I lived in a more comfortable house. I was teaching what I most wanted. Our economic situation had improved slightly; and since I had good students, my work was stimulating. So 1915-1916 slipped into 1916-1917. Then we took up residence in Harrisonburg where I had been appointed to the faculty. The big event of this year was the birth of our son in March. I told many on campus that I was a millionaire and not to try to convince me to the contrary. The senior class of the school adopted our Julian as a mascot and featured his baby picture in the school annual. In 1917, I was director of the summer school and had many administrative responsibilities. It was a delightful period in life, and there were many things to be grateful for.

The two academic years, 1917-1919, at Harrisonburg State Normal School were spent in making important curriculum changes and in serving as dean and as head of the education department. I also had some responsibility for the practice-teaching of students.

In the early part of 1918, during the terrible "flu" epidemic, the sickness of both faculty and students made it necessary to close the school for a while, but we finished the year creditably. Meantime, I was interviewed by a committee from Bridgewater College, seeking to determine how much interest I had in becoming its president. After a number of discussions, I thought that it was inadvisable for me to return there as president. I preferred to be made dean in order to work with the new president, a close friend, Dr. Paul H. Bowman, on a considerable program of reorganization and development.



During the summer of 1920, Sylvia, Julian, and I made a trip to see Julian's grandparents in California. Three of my sisters also were living there, and two of them had children. We had quite a family reunion and did a lot of sightseeing. At times, our relatives attempted to convince us that California was the best place to settle, but Sylvia and I thought otherwise.

During the last half of the summer quarter I taught in the graduate school at the University of Utah, Salt Lake City, 1920. Every student in my classes was a Mormon; some of them had been on missions to foreign lands and thus were mature adults. I never had better students; apparently they liked me, but I am sure this respect was due in part to the fact that I was a teacher from the East. For my students, the East began in the middle of the Midwest. An unusual note in the Utah summer quarter catalog also likely influenced the size and strength of my classes. My appointment was too late in the academic year to be listed in the customary fashion in the summer catalog. The announcement of the appointment was then made at the bottom of the last page of the catalog:

DEAN SANGER, Bridgewater College, Va.

Advanced courses in "Psychology of Childhood," "Psychology of Adolescence," and "The Learning Process" will be offered the second term by Dr. William T. Sanger, Dean of Bridgewater College, Virginia. Dean Sanger is a graduate of Clark University. He is especially well equipped as a teacher and investigator in educational psychology.

I found the elevation in Salt Lake City difficult to adjust to and spent some hours after classes sleeping and resting. I enjoyed going with my students to their churches or "Stakes" as they called them; I even taught for a Sunday or two, routine classes in religion. I went on a memorable hike up the slopes of Mount Timpanogus and finally climbed to the top. We camped the night before the climb at the foot of the mountain and gathered ice from a little pool nearby. The ascent was along a rushing, ice-cold stream that made it unnecessary to carry water. We had raisins and other easily portable foods for nourishment.



The climb (almost too difficult for me) covered over one-half day, and we reached the top on a mile-long, snow-covered peak. On the 8,000 foot top of the mountain, I had a short nap because I had a pulse of 105. After thirty minutes or so, the descent became very difficult for me, and I had to be helped by one of the students. At about dark, we were at the bottom again; we climbed into our automobiles to return to Salt Lake City. I came limping to class on Monday to the amusement of those who had been on the trip.

Before I left the University, which I liked very much, I was offered an attractive position in the department of education. Instead, I returned to Bridgewater for another year. Sylvia had spent some time with me in Salt Lake City where we boarded in the home of Mr. and Mrs. Beveridge. Mr. Beveridge was head of the State Republican Party, a well-informed gentleman, who was a Presbyterian, but a great admirer of the Mormon people.

## 12. OUR MOVE TO RICHMOND, 1921

During 1920-1921, I was persuaded by several friends to accept a full-time job as executive secretary of the Virginia State Teachers' Association, the first such job in Virginia or in the South. So after I had taught at the University of Virginia (summer 1921) and had gone on to Richmond, Sylvia, with little help, packed up and moved all of our things to an apartment in the west end of Richmond. It was almost impossible to find a house at that time; therefore we spent much time searching for one.

The job of executive secretary involved editing the *Virginia Journal of Education*, the official organ of the State Teachers' Association, and entailed recruiting members for the Association and obtaining subscriptions to the *Journal*; it also consisted of speaking at teachers' district meetings around the State. In addition, there were legislative programs, board meetings, executive committee meetings, the annual Virginia Educational Conference, and the pressure of local school problems.



I had come to Richmond being little known in the State, except among a rather large group of personal friends. Dr. John W. Wayland, distinguished historian and biographer on the faculty of the Harrisonburg State Normal School, introduced me by means of a guest editorial in the *Virginia Journal of Education* (June, 1921). Doctor Wayland had known me intimately for years and wrote a page and a half of biographical data; the first paragraph and last sentences are quoted:

One who meets Doctor Sanger for the first time and talks with him for only five minutes will, in all probability, hold him thereafter in high esteem; those who know him better will estimate him more highly; but it is only those persons who have known him long and intimately, under all sorts of conditions, who are really in a position to gauge him thoroughly and to appreciate him adequately. The Virginia State Teachers' Association is to be congratulated on securing him as Executive Secretary and as Editor of the *Virginia Journal of Education*.

A native of Virginia and loyal to her best traditions, Doctor Sanger has enjoyed a varied and cosmopolitan experience. By residence in different sections of the country and by training in different schools, he has had his sympathies broadened and his outlook upon life finely extended to the far horizons. No one is likely ever to charge him with provincialism or reactionary tendencies. His attitude and his aspirations are consistently forward and upward. He flees nothing so much as bigotry; he fears nothing so much as stagnation. . . .

We predict for him in his new position a career that may be termed successful from his standpoint and profitable from the standpoint of the teachers of Virginia.

I found in the State Teachers' office in the Lyric Building an effective assistant, Miss Frances B. Woodson, who had been



on duty there for fourteen years. I felt later her merit was never quite fully appreciated.

Things were ready to boom when I teamed up with the educational forces of Virginia. An increase in Virginia Association members and *Journal* subscribers was rewarding. In addition, State district associations, local units, the State Association office, and the Association itself were more effectively organized. Before Christmas, I had spoken at twenty-five different meetings of teachers and administrators, proposing new objectives and pleading for professional unity to advance education in our State.

At the University of Virginia (summer 1921), I had taught a course on the West school hygiene law to a class of three hundred and twenty-five teachers. To my surprise, I met a member of that class at almost every school teachers' local or district meeting my first months in the field. Officially, one of my jobs was State field agent of the State Teachers' Association.

At the time I accepted the secretaryship, a salary of only \$2,000 was available. Additional compensation was to come from *Journal* subscriptions and from membership dues in the State Association. Things picked up rapidly, and by the time of the annual meeting of the Teachers' Association at Thanksgiving (1921) my salary was increased to \$3,000; and by Christmas, to \$3,500. As secretary, I was in the midst of most things educational going on in Virginia, and also I had important contacts through the Association of State Secretaries and the National Education Association.

During the 1922 session of the General Assembly, much important legislation affecting education in the State was adopted, one item being the compulsory school attendance law. To the passage of this particular law, I gave a great deal of personal time.

In the summer of 1922, I was back again as an instructor at the University of Virginia where I made many contacts important to my new work in Richmond; and before the summer session was concluded, I was invited by the Honorable Harris Hart, State superintendent of public instruction, to join his staff



as secretary of the State Board of Education and as his assistant in the department.

Since there was a favorable response to my work as executive secretary and editor of the *Journal*, I found it difficult to decide which job I wanted. In about a year I found myself being considered a vital link in the chain of quality education being forged in my native State. In fact, the work had gone so well with the State Teachers' Association, Sylvia and I were not so sure that the move to the State Department of Education was advisable; she, in particular, was reluctant for me to change positions. For my part, I enjoyed promoting the Association and its objectives.

Nevertheless, I accepted Mr. Hart's offer. The "grapevine" indicated that Director Charles G. Maphis of the University of Virginia summer school had been influential in my appointment, which was equivalent to assistant State superintendent of public instruction.

The years (1922-1925) in a big administrative position gave me an opportunity to know each of the county and city superintendents of schools of the State and to work closely with the State Board of Education as its secretary, all of which I regarded as a great privilege. Mr. Hart, my boss, was skillful in dealing with the public in general, with the General Assembly, with the officers of government, and with school officials throughout the State. I learned much from him and from my colleagues in the Department of Education. This was a period of rapid professional growth for me and freed me from a sense of inadequacy. At a meeting of the State Board of Education, when I was present, a motion was made and, to my surprise, adopted, fixing my salary at the same level as Mr. Hart's. I pointed out that my salary should be less than Mr. Hart's; it was reduced by \$100.

Sometime after Christmas (1924), I was asked by President Alderman of the University of Virginia, if I would like to come to his campus for an interview regarding an important job in the school of education; before I took the trip to Charlottesville, I received an offer to go to Randolph-Macon Woman's College as assistant to the president. Later, I participated in



negotiations that finally led me to accept the presidency of the Medical College of Virginia. Incidental to the fact that I accepted this office was the reality that we did not have to move from our comfortable home in Richmond.







## II. MEDICAL COLLEGE OF VIRGINIA

### 13. *CALL TO MCV*

Several deans at the Medical College of Virginia and its secretary-treasurer apparently had strongly recommended me to the Medical College of Virginia Board of Visitors. This group, too, had received many endorsements concerning me. In February, 1925, I met with the executive committee of the Board, which had been authorized to nominate a new president. This interview took place at Dr. Stuart McGuire's residence at the southwest corner of Sixth and Grace Streets on a Sunday afternoon. I knew this residence as attractive from the outside and was much interested in the interior that Sunday afternoon of the interview. Those present were Mr. Eppa Hunton, Jr., Mr. Thomas L. Moore, Mr. Julien H. Hill, Mr. William R. Miller, and Dr. Stuart McGuire. These gentlemen quizzed me as to what I had done over the years, what I was then doing, and what I contemplated regarding the development of the Medical College of Virginia. I had been in the College only a few times and knew few of the staff, but I remembered what had happened in 1920 and 1922 in the General Assembly when there was an effort to consolidate the University of Virginia department of medicine with the Medical College of Virginia in Richmond. The Board member on the sofa next to me noticed during the interview that I was a little nervous, so he gave me a pat of assurance that was helpful. At the close of the interview, I was told that my candidacy would be duly considered.



For a month at least, I did not know what had happened following the interview at Doctor McGuire's home. Later I learned that the committee on March twenty-second had agreed unanimously to nominate me to the Board as president. The letter to me announcing my election follows:

(For statement adopted by the State Board of Education following my resignation as its secretary and the telegram from John R. Crown, refer to Addendum, III.)

March 25, 1925

Dr. W. T. Sanger  
Richmond  
Virginia

Dear Doctor Sanger:

It gives me pleasure to inform you that at a meeting of the Board of Visitors of the Medical College of Virginia, held on the 24th instant, you were unanimously elected President of the Medical College of Virginia at a salary of \$7,000 per annum, beginning July 1st.

I trust that your connection with the Medical College of Virginia will be both pleasant and profitable. I feel confident that everyone connected with the institution will cooperate with you to the fullest extent.

Very sincerely,  
J. R. McCauley  
Secretary  
Board of Visitors

JRM:LD

The *Richmond News Leader* (March 24, 1925) reported the Board action. A member of our State Department of Education came running down the hall to show me a copy of the newspaper, and he pointed to the first-page story including my photograph. I was chided for keeping news of my selection as



president secret from my colleagues on the staff, but the first notice I had regarding the action of the College Board came to me by way of the *Richmond News Leader*.

The question now to be answered was, should I accept the new position? I was sure that if I asked twelve friends for advice at least six would say, "Yes"; the others, "No." In consequence, I asked Mr. Hart, my boss, to meet me at the State Department of Education on a Sunday afternoon to discuss what action I should take regarding the offer. He weighed the issues and recommended that I accept. Only my wife, Sylvia, was consulted further as to what I should do. The move to Richmond had given me the opportunity to make contacts with State leaders and the privilege of working with many of them.

I accepted the appointment on March thirty-first in a letter addressed to Mr. McCauley:

March 31, 1925

Mr. J. R. McCauley  
Secretary-Treasurer  
Medical College of Virginia  
Richmond, Virginia

Dear Mr. McCauley:

This will acknowledge your letter of March 25 notifying me officially of my election as President of the Medical College of Virginia, effective July 1, 1925.

In accepting this new and important position, I am deeply sensible of the magnitude of the work ahead, not only for myself but for all who believe in the mission of the College; but good teamwork can often bring to pass results extraordinary.

I understand that the faculty for the next session has been elected and that the other plans for the coming year are pretty well formulated. I am glad that this is true, and I want to assure you of my earnest desire to fit into the arrangements as already made and to join all officially interested and concerned in a



big effort to do just those things which will promote the good of the College and the welfare of those whom the College may rightly be expected to service.

With best wishes, I am

Most sincerely yours,  
W. T. Sanger

WTS:K

On May 12 my resignation as secretary of the State Board of Education was handed to the Honorable Harris Hart, superintendent of public instruction and my chief. His response on May 15 follows and for the resolution adopted by the State Board of Education, refer to Addendum, III.

May  
fifteenth  
1925

Dr. William T. Sanger  
Secretary, State Board of Education  
Department of Public Instruction  
Richmond, Virginia

My dear Doctor Sanger:

Your letter of May twelfth offering your resignation as Secretary of the State Board of Education to accept appointment as President of the Medical College of Virginia is received by me and will be presented to the State Board of Education at its next meeting, May 19th.

The high appreciation of every member of the State Board of Education for the services you have rendered as Secretary is so well understood by me that I think I can now anticipate what must be the action of the Board. The Board will have no choice other than to accept your resignation, but in the acceptance



the Board, I feel sure, will instruct me to express on behalf of each member the deepest possible regret that you must resign. The Board will record in permanent form on its minutes its estimate of the exceptionally fine qualities of mind and of heart which you have brought to your work here. It will recognize that your professional and technical training have been of inestimable value to the Department of Education. Your leaving the Department of Education will mean a distinct professional loss to the public school system.

Every member of the State Board will beyond doubt desire it to be recorded that your personal association with the Board has been uniformly delightful. We have, it seems to me, a very happy way in the State Board of Education of working in the finest spirit of harmony and cooperation for the development of Virginia. The fact that the State Board is so appreciative of one's efforts and so sympathetic and encouraging in one's ambition to serve well constitutes, next to the consciousness of participation in a great constructive program, the chief reward for those of us who do our day's work in the State Department of Education. This reward you have merited in the highest degree.

With best wishes, I am

Yours very sincerely,

Harris Hart

Superintendent of Public Instruction

HH/F.

A few days after I was chosen president, Mr. Lloyd C. Bird, secretary of the Alumni Association of the College, requested a brief statement from me regarding some of the future undertakings of the College. Here is the digest of my response (April 3, 1925):

First, make an intensive study to build within the College; seek aid from among alumni and friends in



a ten-year program of development; interpret the program on a continuing basis for alumni, friends, State government, State educational system, etc.; seek greater financial support; emphasize research; encourage more careful selection of students; evaluate students after admission; and increase services to the State and improve their quality.

#### 14. *WE LABORED TOGETHER*

Division superintendents of the counties and cities of Virginia, who administer the public elementary and secondary schools of the State, met in conference in Richmond, July 30, 1925. I attended. All expressed their appreciation for my work. I was their friend and coworker, and they were my devoted colleagues. They gave me a gift of sterling flat silver, and later they sent a veritable stack of letters. Ours was a happy association that continued to aid me in my new work at MCV. The educators of Virginia even today have a special meaning to me, and I prize honorary membership in the Virginia Education Association.

Pride overrules judgement, and I present the resolution referred to previously:

WHEREAS, this is the last meeting of the Division Superintendents in which our coworker, Dr. W. T. Sanger, will be with us in his official capacity as Secretary to the State Board of Education, and

WHEREAS, in his official connection with the State Board of Education, his duties affect so vitally every Division Superintendent in the State, not only in the minutia of the daily routine, but in the larger administrative problems as well,

NOW THEREFORE, BE IT RESOLVED:  
That we, the Division Superintendents of the State,



regret his loss to the Department of Education and shall feel deeply the loss of his companionship and his wise and helpful counsel, and

THAT we express our most hearty appreciation of his untiring efforts to be helpful to each of us, not only by personal contact, but by cooperation with our worthy State Superintendent of Public Instruction in the preparation of numerous plans and devices to increase the efficiency of school administration in Virginia, and

THAT we further desire to extend to him in his new field of work our sincere wishes for a successful leadership, and

THAT finally the bond of friendship and the spirit of cooperation established between us may continue in whatever ways and by whatever means may be best, and that he may always feel he has honorary membership in our body.

## 15. *LEARNING AND DOING*

After I accepted the presidency, there was much newspaper publicity. Some of the editorials are quoted:

### DR. SANGER'S OPPORTUNITY

Few men at 39 years of age have been afforded the opportunity for such tremendously important work as has Dr. William T. Sanger, in his election yesterday afternoon to the presidency of the Medical College of Virginia, to succeed Dr. Stuart McGuire. If he has dreamed a dream of rare service to the State, he has now reached the point where he may realize his dream. The position to which he has been chosen is one of great trust, great responsibility, and, above all, great possibilities.

Doctor McGuire is a marvelous surgeon, but it is scarcely possible that he could have accomplished for



the Medical College all that was desired. He was never its full-time president. In addition to his executive and administrative duties at the College, he has been called upon to perform the duty of an eminent surgeon in constant demand. If such an arrangement was ideal, it was certainly contrary to all experience.

In the quality of its work, the Medical College of Virginia stands on a parity with any like institution in the South. But there is no doubt of the fact that the scope of its service could, and should be, widened. It requires as its active head a man with no other interest in life—a man who can study its needs uninterruptedly and give to the College unreservedly all the force, all the initiative, and all the thought of which he is capable. Virginia is in need of physicians. There are dozens of communities without competent medical care. It is the mission of the College here in Richmond to train men to meet this crying need. No work could be more important or challenge more successfully the attention of a man who delights in doing these things.

The responsibility of making the Medical College of Virginia what it ought to be in the life of the community has been handed over to Doctor Sanger. He is well trained. His friends say he is an able executive. He is young and ambitious. In the world of affairs, he has already attained a high reputation. The work to which he will set his hands next July first will challenge the best that is in him. The *Times-Dispatch* hopes, and it believes, he will measure up to expectations, and beyond them.

Richmond Times Dispatch  
March 26, 1925

## THE FUTURE OF MCV

Dr. W. T. Sanger's new post presents opportunities he is well qualified to develop and presents, at the same time, problems in the solution of which he will



require the thoughtful counsel of Virginians as well as his own high intelligence.

The Medical College of Virginia should continue. There is a place for it in the educational system of the country. There is need of it in the life of the South. As general medical standards are raised, those of the College must be heightened. Never must it become second-class. Yet there are hundreds of young men in Virginia and in the Carolinas who have the brains and the background to become competent physicians, but lack the means to finish four years in college before entering a medical school that demands an academic degree for admission. As the regular medical course will soon be lengthened to five years in the most advanced colleges, and as at least one year of hospital experience will soon be considered as essential part of training, the time spent in preparation, from high school graduation to actual practice, will soon be ten years. It already is nine. The difference between this and the requirements of the local school may be the difference between what is impossible and what is attainable for many young men. And when all is said, that which is practicable is not less important than that which is ideal in districts where people actually are suffering for lack of doctors and are being left to the venality and ignorance of quacks. All this brings opportunity to Doctor Sanger and his associates. It makes their first duty that of carrying on.

But that calls for money and then even more money. Were the Medical College of Virginia to decide that it would endeavor to maintain relatively the same standards for the next ten years and to do no more than keep abreast of scientific advance, the budget of 1935 would be at least a hundred percent greater than that of 1925. That is certain. And whence is the money to come? Not from the State in any large sums, it is to be apprehended, because the appropriation by the Commonwealth has been raised by the most able



work of the present board, officers, and alumni to figures almost as high as the General Assembly can be expected to approve. Not a third of the additional sums the College must have for the continuance of its work can be anticipated from the public treasury. The only other resource will be private endowment. Here something may be expected from Richmond and from Virginians generally, but obviously not in great amounts. If the needs of the College and of its clientele are to be met, some very wealthy individual or the directors of some of the great funds must support the work. But the General Education Board and similar agencies do not endow medical colleges that are simply medical colleges, no matter how excellent they may be. There must be some research, some fresh service to society, some new educational idea to appeal to the guardians of the large trusts. To inaugurate this research with the means in hand, or to find some new line of endeavor, to supply imagination, to stimulate imagination that is the singular but serious problem Doctor Sanger must face as he takes up his duties with the full assurance of good will and of heartiest confidence.

*News Leader—March 25, 1925*

For better or worse, on July 21, 1925, I moved into an office on the first floor of McGuire Hall. I had a large roll-top desk and a charming secretary, Miss Elsie Mae Ware, brought from the State Department of Education. To fulfill my contract with the State, I was now on half time from July 1, 1925, to December 31, 1925. During the transition period, it was my job to learn everything possible, past and present, about the Medical College of Virginia. I read as much pertinent material as possible, and there were many conferences and discussions dealing with education for the health professions. Much time was given to study of Flexner's 1910 report on American medical education.



To coordinate the activities of the institution and to develop better understanding of its problems, I created the organization of the administrative council, which continues to this day. The council was then composed of the deans of the schools of medicine, dentistry, pharmacy, the director of the school of nursing, the superintendent of our three hospitals (Memorial, Dooley and St. Philip), and the secretary-treasurer of the College. We met weekly, did serious work, and formulated many recommendations. One of these was for the creation of a deanship for nursing; another, to more appropriately name two College buildings. What was then called the "Old College" was changed to the "Egyptian Building", and what was named "New College" was changed to "McGuire Hall."

At the first meeting of the executive committee of the Board of Visitors Mr. Eppa Hunton, Jr., the presiding chairman, turned to Dr. Stuart McGuire and said, "Doctor McGuire, we can't thank you enough for the time you gave to our College while you were still continuing practice as an eminent surgeon at St. Luke's Hospital. We must do something to honor you." At this point, Doctor McGuire remarked, "Don't do anything for me, but do something for the College." Doctor McGuire's suggestion was referred to me as president. At this first meeting of the executive committee, the organization of the administrative council, the naming of the Egyptian Building and McGuire Hall, and the creation of a deanship of the school of nursing were approved.

At the time I was chosen president, I was unaware of a considerable debt which the College bore, particularly the hospital. I also did not know of the inadequate operating budget and the need for substantial funds for construction. The members of the committee explained the situation to me in detail; they showed me that accreditation of the school of medicine was in jeopardy because of the lack of facilities for teaching and because of the lack of hospital beds.

In May, 1925, before I had taken office, a committee of our Board, headed by Dr. Stuart McGuire, reported at a meeting of the Council on Medical Education and Hospitals in Atlantic City. Other members of the Board who made this trip



were Mr. Thomas L. Moore and Mr. Eppa Hunton, Jr. I joined the group also.

Doctor McGuire stressed that considerable progress had been made since the 1919 inspection. He said further that he anticipated MCV, under a new president would make progress in meeting the requirements of the Council in regard to the creation of a new teaching unit, the addition of preclinical teachers, and the employment of clinical teachers on a paid full-time basis. He assured them that other deficiencies would also be met. This meeting with the Council gave us the impetus to forge ahead.

A short time before I came to MCV, *Skull and Bones*, the weekly student newspaper, featured an address by Dr. Stuart McGuire, setting forth the qualifications needed in a new president, "as an educator, beggar, politician, and strong leader." When I accepted the office, I was not aware of what was expected of a new president.

When I was still under consideration for the new office in the spring of 1925, I visited the College; and J. R. McCauley, secretary-treasurer, and Wortley F. Rudd, dean of the school of pharmacy, served as hosts. The student laboratory lockers were already equipped for the fall session; class schedules, printed; some interior painting, under way; and buildings, generally clean. We discussed College and hospital budgets and sources of operating funds, but unfortunately we did not go over the balance sheets. The existing floating and mortgage indebtedness came as a shock and required many years to liquidate.

The operating budget for the year 1925-1926 was \$194,447 for the four schools of the College Division and \$274,600 for the Hospital Division—the two budgets totaling \$469,047. How was the year to be weathered with such meager funds? Here was a challenge.

Dean Manfred Call, part-time dean of the school of medicine, stressed again and again the need for vigorous educational leadership, the necessity for a new teaching building, classrooms, laboratories, and the need for paid clinical teachers, of which the College had none. Only two unpaid clinicians had offices in the institution.



The governing authority of the College in 1925 was the Board and its executive committee. They adopted policies and delegated to the president and other administrators authority to carry them out. Budgets were handled in the same manner.

We needed most to employ a professor of medicine, who could give his full time to the institution. I had to learn from the experiences of whole-time clinicians elsewhere, and in the end I had to travel to a number of medical schools to discuss with deans and department heads their methods of hiring these teachers. I did not wish to abolish the visiting staff, but I was undecided as to how many whole-time teachers should be employed. I needed also to formulate plans for raising the necessary funds. MCV, I soon realized, also had to hold the line on debt. We had to deal with a suit filed by a dental student for his diploma and \$2500 damages, make certain of accreditation, create a base for financial support, publicize the advantages of an MCV education, solve the problem of the use of hospital beds by non-faculty staff, reorganize on an institution-wide basis, acquire library facilities, make class attendance by faculty members compulsory, and project a building program. The solution to these and many other issues constitutes the main body of my memoirs.

On Monday, May 31, 1926, at 11 a.m., typical inauguration exercises were observed. The academic procession formed in the Capitol Square and proceeded to the Lyric Theatre, Ninth and Broad Streets; Governor Harry Flood Byrd presided. The invocation was given by Dr. Frederick W. Boatwright, the president of the University of Richmond. The chairman of our Board of Visitors introduced me; my inaugural address offered suggestions for a new program at the College. One of my excellent teachers at Clark University, Dr. Samuel P. Capen, then chancellor of the University of Buffalo, next spoke on "What is Expected of Higher Education Today"; and the exercises concluded with the benediction by my former associate, Dr. Paul H. Bowman, president of Bridgewater College. The usual entertainment for guests followed the exercises.

Sylvia and I were depressed because few of the nation's colleges and universities had sent representatives. (It was no



fault of anyone; MCV just was not well enough known to attract delegates. I vowed then to do something about this.)

## 16. SCOUTING FOR IDEAS

During the summer of 1927, I made a coast-to-coast trip, spending a day or two at the medical schools I visited. There were stopovers in the Detroit area, in Chicago, at the University of Wisconsin, at the University of Minnesota, and at the Mayo Clinic, and then at three Canadian schools. I also visited some Pacific Coast schools. At each stop, I was given every opportunity to visit physical facilities and to talk with administrators, with officers, and with department heads. At the end of each day, I meticulously recorded what I had seen and heard. When I reached home, I felt reasonably well prepared to make recommendations to our Board and asked to be authorized to make a search for a whole-time professor of medicine. This professor would have his office in the College and would receive a salary to justify one-half or three-fourths of his time. The remaining time was to be given to private practice under certain restrictions and with a ceiling on total income.

## 17. THE FIRST WHOLE-TIME CLINICIAN

The search for a professor of medicine finally led me to Roanoke, Virginia. Here, Dr. William B. Porter, one of our graduates, was an esteemed internist, associated with a local hospital. From our investigation, we deduced that he was respected both in Richmond and in Roanoke. Also, he was interested in academic medicine.

Doctor Porter was recommended and assumed his post on January 1, 1928. He was given leave of absence to visit hospitals, clinics, and medical schools to talk with the leaders in medical education and administration both in England and in Europe. He was expected to return to Richmond, prepared to begin academic duties before the opening of the school year, 1928. Doctor



Porter's appointment created obvious unhappiness in the City both within and without the faculty. Some patients had been told that Doctor Porter would not be allowed to see private patients in his office. Some of the medical groups in Richmond were fearful that the new policy of whole-time professors would reduce the need for them as volunteers. The school year, however, opened auspiciously. Doctor Porter was an unusually able observer, teacher, and clinician. His students, interns, and hospital residents responded enthusiastically to his leadership.

### 18. *THE FIRST NEW BUILDING*

A capital fund drive for \$1,000,000 was announced early in 1926, and \$500,000 was quickly raised, mostly in Richmond. Monies raised were to be used to construct a residence for nurses, since the one rented from Sheltering Arms Hospital on Clay Street was unsuitable as living quarters for our young women.

When Cabaniss Hall on Broad Street (built where a Confederate Hospital once stood) was completed in September, 1928, critics assailed the use of color in the simple ornamentation and the decision to build a nurses' residence prior to the building of a needed teaching unit. However, the criticism was short-lived. We defended the ornamentation as the work of the architects and maintained that the nursing students should be as well housed as we would expect our daughters to be.

### 19. *"TOWN AND GOWN"*

After we employed our first whole-time professor of medicine and made other improvements, the Council on Medical Education recommended that we now move to get whole-time professors of pediatrics, of surgery, and of obstetrics. Before these appointments could be brought before the Board, a controversy between "town and gown" erupted (1928). The critics were incensed not so much by Doctor Porter's appointment but about the principle of whole-time professors in general. An at-



tack on the institution, highlighted by considerable newspaper publicity, resulted in a call for a special meeting of our Board, who considered the charges of incompetency leveled at me and voted to dismiss them and to support the president.

It took some time for the academic waters to calm. I believe that the target of the opposition was not directed solely at whole-time medical teaching but at the general program of development of the College, which was regarded as too competitive in several areas. I now recognized the futility of seeking to settle issues in the press and the wisdom of not answering charges publicly. A number of people who had taken a strong position against my administration later stated that they were wrong.

## 20. *RESIDENCY TRAINING*

Over the years, there has been much discussion as to the best type of training for housestaff. In the old days, the resident was an apprentice to his chief, somewhat as the medical student at one time was apprenticed to the practicing physician at whose home he lived.

In my first years, obtaining approval of residencies by the Council on Medical Education and Hospitals of the American Medical Association was of vital concern. By August, 1929, I was able to announce that we had been approved in gynecology and obstetrics, medicine, neuro-psychiatry, otolaryngology, and surgery. In 1925, our resident and intern staff totaled sixteen, today the number exceeds three hundred.

## 21. *THE FIRST FIVE YEARS*

My report to the Board of Visitors (June 2, 1930) covered the session 1929-1930, the last five years, and plans for the next five years, 1930-1935. The student body of 1929-1930 represented twenty-six states, four foreign countries, and eighty-seven of the hundred counties of Virginia. Lack of physical facilities and staff limited enrollment that academic year to 879. Then



as now, there was much emphasis on what we have come to call continuing education. One of the high points of the year was gifts of \$120,000—\$80,000 from the General Education Board and \$40,000 from the Julius Rosenwald Fund of Chicago for the construction of a nurses' residence for the St. Philip school of nursing (Negro). The development of this school had been greatly hindered by the high rental costs for poor housing facilities for students.

One of my favorite projects was the central school of nursing, begun in the fall of 1927. The students of this school had entered from other hospital schools of nursing in Richmond to pursue first semester work in the basic sciences. They received instruction in sections with our own student nurses. The experiment worked satisfactorily until costs became prohibitive. Tuition fees were insufficient for the necessary budget, and there was no State appropriation for the work. Nevertheless, the idea of centralization was worthy. If MCV could have functioned as the center of instruction for the essential science courses for nurses, the other local schools would not have to expend funds for the purpose.

Many changes in responsibility and in organization took place during my first five years. Most significant were many faculty changes resulting from losses by death and by resignation and from faculty additions. The number of students increased greatly, which correspondingly caused a favorable increase in the number of graduates. Our income and the new enrollment made improvements possible, although financially, we were still a poor institution. How we succeeded so well on such meager means still mystifies me. We desperately tried to live within our budgets and almost always did so in the teaching division of the institution. Meeting hospital costs was our big problem, but this is not peculiar to any one institution.

After a wide search, Dr. Lee E. Sutton, Jr., was appointed professor of pediatrics in 1928 and later was made dean of the school of medicine. He liked teaching and in a short time had built a strong housestaff, which was maintained through the years. Dr. H. Hudnall Ware, Jr., was appointed professor of obstetrics in 1930 and only recently asked to be made professor



emeritus after many years of untiring effort to build a strong department. Dr. Isaac A. Bigger came to us as professor of surgery in 1930. He was outstanding as a dedicated, skillful leader and teacher and practitioner of surgery. His former residents often remark that they finished surgery under Doctor Bigger. He proved a good teammate with Doctor Porter, the first whole-time clinician (1928).

Most of the problems of 1925-1926 were solved, or improved, by 1930. Additionally, studies to improve the curriculum were under way in each school; the dental infirmary, or clinic, was operating eleven months each year and functioned as a prime learning opportunity; medical outpatient services had greatly increased; the new deans in medicine, dentistry, and nursing were industrious; our hospitals had a new superintendent, Dr. John L. McElroy; the second student nurses' dormitory was about to be built; approved residencies had grown; prospects for the College-Richmond Academy of Medicine library were good; dental technic laboratories and the clinic were more modern; the administrative council was proving its worth; the Crippled Children's Hospital had become affiliated with the College in 1926; and our patient care had greatly increased in quantity and in quality because of new equipment, more staffing, and better public relations.

In 1928 it became official—for the second time it might be said—that the College was a State institution rather than a State-aided institution. Governor Harry Byrd had called me to his office to tell me we should be satisfied with the same appropriation in his budget that we had received the previous biennium, because we were not a State institution, only an aided one; but the facts proved otherwise. Our attorney in defending us against the suit of the dental student (mentioned elsewhere) won the case on the ground of our being a State agency. We had been declared a State agency by court action, when in 1883 the Board of Visitors was in a fight with the Governor. The Governor had attempted to abolish the old Board and to appoint a new one. The court had then held that only the Legislature could do this and that all our property belonged to the State, citing transfer of our property to the State in 1860. When I



came to MCV, no lawyer on our Board of Visitors, or any other concerned person, seemed to know of this court action in the early eighties. We had a new job—to impress upon State officials and others our official status and to obtain legislation by amendment for the right to issue notes of indebtedness and to sell them with the Governor's approval. To firmly establish our status required continuous effort for a long time.

## 22. *SEEKING STUDENT OPINION*

If the many problems of our staff were to have routine review and discussion, we considered it advisable to hear what students had to say. Opinions came from the student body organization and the officers of the well-organized classes in all of our schools. The most persistent complaint from medical enrollees was directed at some faculty members who failed to meet their scheduled classes.

To strengthen my rapport with the students, Mrs. Sanger and I invited class officers and other leaders to our home in small selected groups. These sessions were at night or on Sunday afternoons. Students talked; we listened and took notes. Reports were then made to the administrative council for its reaction and advice. Criticism ranged widely: failure of teachers to meet classes, poor health service, inadequate home delivery service in obstetrics, the need for more physical education facilities (we had no playing field or staff of our own). Let it be said here that Jonah Larrick, who had been at the College for several years as secretary of the College Y.M.C.A., was an indispensable aid in student affairs, although he was without the help of a staff. He frequently brought their problems to me.

Appeals for help were discussed with the students, with faculty, with administrative associates, with the Board of Visitors, and with others. In the end, we had a rather comprehensive list of priorities. We also raised questions of our own with the students. Did we need stated convocations, more distinguished visitors to the campus, and more cultural ties with Rich-



mond? Did freshmen by schools need special orientation to the College? Did we need curriculum changes to reduce the unnecessary overlap of courses? We then adopted the policy that student needs came first at the president's office. This policy was instituted by the offices of other administrators. Over the years, too, I devoted much time in speaking to student groups on our plans for development. I spoke at convocations, at class meetings, at fraternity houses, and so on.

Our dream of a new MCV hospital was discussed at a fraternity house one night. Later when this hospital came into existence, several of the fraternity men came to me smiling and said they had truly doubted whether the hospital would ever materialize.

Our weekly student newspaper, *Skull and Bones*, offered students the opportunity to criticize as well as to commend. Two or three students during my years at MCV plagued me considerably with their barbs on things they did not like about the College. In the mid-forties, several editors of *Skull and Bones* and other students spoke out sharply against the filthy living conditions of the College neighborhood. The editors charged that the people who lived in our midst—men, women, and children—were dirty, that their homes and yards were unclean, and that obvious immorality existed among several unmarried couples. At times, we appealed to the police, but the real remedy constituted buying all of the nearby residential properties and tearing down a good many of the buildings. This was done gradually, but it was a long, extended process. Criticism was also directed at the manner in which student politics were conducted. Especially criticized was the tendency of minor groups to control elections and to manage student affairs. An almost radical revision of the student body constitution resulted concerning methods of election and appointment. The new version was a decided improvement in regard to finances and routine of the student government. When in time students got too busy to get out a respectable newspaper, it folded up and has not reappeared. Production of *X-Ray*, the yearbook, underwent various stages of improvement under pressure from the administration.



In tribute to our students over three decades, I would say that working with and for them was a rare privilege. They were a fine group of dependable young people. They have frequently shown their loyalty to their alma mater and to me personally. To our mutual benefit, we learned to communicate and we kept the channels open.

### *23. SUMMER QUARTER-FINALS, UNIVERSITY OF VIRGINIA, 1929*

Dean J. M. Page, sometimes referred to as the "grand man" of the University of Virginia, was a highly respected member of the State Board of Education when I was its secretary. I had known him on the University campus also; to know him was to admire and respect him; to know him well was to love him. His thoughtful approach, quiet manner, and occasional quip were reassuring; on educational matters, his judgment was highly regarded.

At the end of the 1929 summer quarter, University of Virginia, I was asked to speak at finals, August 30. Dean Page was presiding and conferred certificates and degrees for the University. After the session in Cabell Hall, he handed me the introduction he had used, here quoted in full:

We are peculiarly fortunate in having with us as principal speaker this evening a gentleman who is not only a Virginian but who narrowly escaped being a native of old Albemarle County. We may say that he comes from the next best county, Rockingham! This gentleman has had and has many contacts with the educational development of the State and Nation, and, without flattery, I may say that he "touches nothing which he does not adorn." Best of all, he has been, and is, a staunch supporter of the University of Virginia; and I am proud to be one of those privileged to number him among my close personal friends.



I have the honor and the pleasure to present President William Thomas Sanger of the Medical College of Virginia.

#### 24. *STUART McGUIRE LECTURES*

We were able to honor the remarkable work of Dr. Stuart McGuire for the College in 1930 by the establishment of the Stuart McGuire lectures. One was supposed to be given each year by a distinguished scholar, generally a medical scientist or practitioner. The list of McGuire lecturers over the years is truly a medical honor roll. Generally, at the time of the lecture, papers were also given by invited guests and by the faculty. These papers covered prime continuing education subjects.

In introducing the lecturer each year, the moderator had an opportunity to recount briefly Doctor McGuire's outstanding work as president, as professor of surgery, and as chairman of the Board of Visitors and of its executive committee—his contribution to the profession, his record as commanding officer of Base Hospital 45 during World War I, and his contribution to the social and business life of the community.

The first Stuart McGuire lecturer was Dr. William J. Mayo of the Mayo Clinic, Rochester, Minnesota, (May 12, 1930). His name at the time was almost a household word. His subject was "In Medicine, Understanding Must Come Before Belief." The discourse was given at night in the auditorium of John Marshall High School before a capacity audience. Doctor Mayo was introduced by Governor John Garland Pollard. Prior to this, MCV gave him a dinner at the Commonwealth Club; it was a happy occasion for us all.

#### 25. *MILLER LIBRARY AND RICHMOND ACADEMY OF MEDICINE*

Shortly after coming to the College in 1925, I learned that Dr. Joseph L. Miller, a medical graduate of our institution,



living in Thomas, West Virginia, had given his remarkable collection of medical books, some as old as the origin of printing, to the Richmond Academy of Medicine, provided they could be housed adequately.

Since Doctor Miller was adamant against transferring his gift from the Academy of Medicine to the College, we tried to persuade the Academy of Medicine to build its headquarters and library adjoining the library of the Medical College of Virginia. Many leading physicians of the City approved of the plan. To bring this important subject before the Academy, we held a number of small dinner meetings to discuss the matter and to seek consummation. Finally, when cost figures were available, certain gifts, including a very generous one from Dr. Stuart McGuire, had been made, and the prospective building site had been chosen with option to buy, a special general meeting of the Academy was called. I was even more nervous on that night than on my wedding day. I had seen in Cleveland and in San Francisco the advantage of having a local academy and the medical center work together; hence I wanted this union to come about. The facts concerning the project were first presented in detail to them; discussion then followed. Naturally, some members liked the idea of the joint project with the College, proposed for the northeast corner of Clay and Twelfth Streets, while others posed objections. The discussion continued for some time, and the outcome at certain moments seemed in doubt. The decision, as often happens, I thought would depend on who made the last speech, how good the speech was and the position it took. Finally, when most of us were tired, Dr. J. Shelton Horsley arose and with prepared notes spoke vigorously for the project. He reminded those present that he had at times opposed the College on various issues, but he stood firmly for this one. He moved that a joint committee of Academy and College members be appointed to take necessary steps to raise funds, to buy the building site, and to proceed with construction as soon as practicable. One of the persuasive proponents of the project emphasized the wisdom of having the headquarters of organized medicine in Richmond so located that its activities could be shared by medical students, by interns, and by hospital residents.



After being keyed up all evening, I confess that sleep that night did not seem to be very important.

Funds for the College unit of the joint project were appropriated in 1930 by the General Assembly. But the project was delayed because of the call of the National Guard to cover a bitter strike in Danville. Then State appropriations had to be scaled down, but a little later we joined the Academy in the project, which was completed in 1932.

Now a word about the remarkable Joseph L. Miller and his books. While Doctor Miller was still a medical student, his interest in reading and collecting old books and manuscripts was renowned. Although he was engaged in practice in a small West Virginia community, he still spent freely for books that dated from the dawn of printing and for manuscripts and handmade books of early date. His acquisitions grew beyond the capacity of his home and eventually had to be stored outside. He was fearful that fire might destroy his collection; he, therefore, offered it to the Richmond Academy of Medicine.

The Miller library contains a number of items not available in the Surgeon General's office in Washington. It also contains the largest collection of silhouettes of medical personalities in the United States; many of these had been cut by Edouart and others of like distinction.

Because of his extensive knowledge as student and collector, Doctor Miller was invited to speak at many meetings of specialists and leaders on the use and collection of rare books and manuscripts. It is remarkable that Doctor Miller, academically isolated as he was, could transact sales with European book dealers. He brought to this country one of the rarest collections in its field.

Later, occasional exhibits from the Miller library, dealing with medical or surgical diseases or the problems of obstetrics, gave students in the history of medicine absorbing periodic book displays, which were supplemented by books from the College library. Many of us have observed that one of the best methods of whetting the interest of students in books is to surround them with a wide range from which to choose for examination and study.



## 26. *THE GREAT DEPRESSION, AS ASSET*

For the period 1930-1938, we made plans for an outpatient building and basic science laboratories, a new hospital, heating plant and tunnel system, and laundry. We desired to purchase the vacant First Baptist Church, to build a fourth floor for McGuire Hall, to rebuild the Egyptian Building, and to erect Huntington Hall as a dormitory for housestaff. We also planned to establish a bequest and gift program, to convert scholarships to loan funds, to provide student loan funds for volunteers willing to practice in rural areas and to pay off loans by service, and to establish postgraduate education centers. On June 2, 1930, I said to our Board: "I suspect we shall see the time when a considerable part of our faculty is nonresident. The abler men of the larger centers can be enlisted to work with our own resident faculty in giving important postgraduate instruction." This forecast of 1930 has to a degree been realized in 1970 by the establishment of certain continuing education programs. In addition, it now seems that medical schools will be using community hospitals for teaching undergraduates, interns, and residents. Practical experience in the community hospitals supplements the work in medical school teaching centers, where students do not see sufficiently the types of cases they will see in practice. Teaching centers have become highly specialized for several reasons. Chief of these is their need to function as referral points for community hospitals and their physicians.

We moved into the depression both apprehensively and hopefully. We cut salaries ten and twenty per cent, the make-work program of the Works Progress Administration and Public Works Administration favored us with personnel and capital outlay monies. To match federal grants with construction funds was a problem which haunted us; yet by 1940 most of our projects had been accomplished. We borrowed money and begged; many good people helped and encouraged us. Our General Assembly did its part, too, with the help of the Governor, with whom I literally pleaded to aid on a new hospital. The day before his budget was to go to the printers, Governor Peery said, "Have three of your Board members, Mr. William T. Reed,



Dr. Stuart McGuire, and another here at my office tomorrow by eight o'clock to get my decision." Although Doctor McGuire was not fully convinced that we needed a six-hundred bed hospital, he joined the others to hear the Governor's proposal. The Governor proposed that if the College would agree to raise \$750,000 he would put \$250,000 in his budget for the new hospital.

It is difficult to believe now, but in the summer of 1937 a number of our Board were opposed to accepting federal loans and grants; this was an evident show of anti-Roosevelt policy. When it came time for the Board to request federal assistance, some of our Board remained away from the meeting rather than vote. However, at the August, 1938, meeting, the Board accepted federal grants to finance a new hospital. Subsequent to this meeting, Mrs. Sanger and I were in Edinburgh, Scotland, when a cablegram arrived from Mr. McCauley, stating that the PWA hospital grant had been approved. I was too excited to sleep a wink that night. How were we to meet all the conditions imposed by the grant?

During PWA days, I virtually lived in Washington until I was told to use the telephone more and travel less. Unfortunately after a few years, we faced completion of the hospital without equipment money, which in our application for the hospital grant we had pledged to raise. Under the rules, we were to be deprived of further funding on this project. Nevertheless, I decided to test the rules. In the PWA office in Washington, I was told to see each of the four chiefs who passed judgment on grant applications. Each turned the supplementary application down as being too late. After I had discussed this situation at length with the PWA administrator, he called his subordinates who had turned me down. They were adamant until the administrator said, "Go on and give Doctor Sanger the money; we can't let this wonderful hospital go unused." The administrator had seen the hospital under construction when he and his wife were guests in our home in Richmond.

An interesting anecdote of the PWA days concerning Harold O. Ickes, the Secretary of the Interior, occurred at the cornerstone laying of the outpatient clinic and laboratory build-



ing, where he was scheduled to speak. En route to Richmond his automobile was forced off the road by another car, and his right arm was painfully hurt. On his arrival, Doctor Bigger, professor of surgery, gave him comforting care, and radio stations covered the delay in the program.

When Secretary Ickes left for Washington, after a special luncheon for him, I jokingly mentioned that Doctor Bigger's service was certain to cost the Public Works Administration a new hospital. Later Mr. Ickes thanked me for red roses he had found at home on his arrival there.

On December 5, 1940, the hospital was completed and furnished and was opened to the public. This occasion constituted a big community event with gifts of flowers everywhere; thirteen thousand guests were given hospital tours by trained guides. The cold weather did not seem to bother. All medical opposition in Richmond and elsewhere disappeared in no time. I shall let the press tell the rest of the story.

## NEW MCV HOSPITAL HAILED AS MAKING CITY BIG CENTER

*"Well Done," Says Ex-PWA Head, as Governor  
And Leading Medical Men Speak at Dedication*

Leading medical men of the City and State, the former Commissioner of Public Works for the PWA in Washington, the Governor of Virginia, and other leading citizens joined today in dedication ceremonies for the Medical College of Virginia's new \$2,500,000 hospital, built with the aid of PWA funds.

In historic Monumental Church, in the shadow of the impressive new twenty-story hospital building, speaker after speaker expressed the belief that the new hospital will make Richmond one of the leading medical centers of the country, and congratulated Dr. Sanger, president, on his vision and achievement. Gov-



ernor Price expressed the hope that "a closer cooperation" would be developed between the Medical College and the related agencies and departments of the State.

Speaking specifically of the new department of psychiatry, he said, "I sincerely hope that the day is not far distant when through this spirit of cooperation we can do a great deal more for our mentally sick. I am greatly encouraged to feel that with the completion of this plant we stand upon the threshold of a far-reaching development in this field."

"I trust," he said, "that we may look forward to the day when medical and hospital attention will be within the reach of an ever increasing number of our people."

#### *Day of Significance For State and City*

Declaring that "this is a day of great significance for Richmond and Virginia," he added "it would be difficult to adequately express our appreciation and gratitude to everyone who has contributed to the realization of our ambitions."

With the words "well done," Colonel W. E. Clark, former Public Works Commissioner of the PWA, declared "The Public Works Administration is proud of its contribution to one of the most useful and worthy projects in this land."

"I cannot find quite the right words with which to express to Dr. Sanger and the distinguished gathering my pleasure in this accomplishment," he said. "The work you have done here has been well done and will endure for the betterment of generations to come."

Colonel Clark brought "the congratulations and good wishes of John M. Carmody, the Federal Works Administrator, and of Harold L. Ickes, Secretary of the Interior, under whom the Federal grant was made.

"When Dr. Sanger presented his application for a PWA grant he told us this institution served not only



Richmond but a large part of the State of Virginia," he said. "Also in some respects that it was national in character.

"He told us if we would chip in, that the Medical College of Virginia would be one of the outstanding health centers of the world—it would serve several millions of people. Your Governor Price aided and abetted the good doctor. Between these two, with the aid of the Legislature, the sponsor's share of the funds was provided.

"With these improvements which we see today, the Medical College of Virginia offers to the people of the Commonwealth and to those beyond its borders an institution in which you have the right to take the utmost pride," he added.

### *Ranks Among Most Complete In Country*

Dean H. E. Jordan, of the Department of Medicine of the University of Virginia, said that the new hospital "ranks among the most complete, well-equipped, and architecturally the most stately in the country. It answers superbly the challenging cry of the noble medical traditions of the city."

The university watched its construction with "friendly envy," he declared, adding that admiration is felt by every citizen of the State for President Sanger, in whose mind the plan for the hospital originated, and due to whose effort it became a fact.

"The hospitals of Richmond are proud of this new hospital," M. Haskins Coleman, Jr., of the Richmond Hospital Council, said. "The public is and should be equally proud of it."

It "inaugurates an epoch for this community, for the Commonwealth and a goodly portion of these United States," he added.

The dedication ceremonies, which also combined the annual Founders' Day program, were held at noon.



Following the exercises the new hospital was to be opened for inspection by the general public from 2 to 10 P.M.

Dr. Sanger, president of the college, who presided at the exercises, declared that we "here anew dedicate ourselves to public service."

"It seemed most fitting that the new Medical College of Virginia Hospital should be dedicated on the Founders' Day of the 103rd session of the institution," he said. "I wish it were known whether Augustus L. Warner, leading spirit and first dean of the infant college, ever dreamed that the work of that day would flower so magnificently in our time."

Dr. Lewis E. Jarrett, director of the hospital division of the Medical College of Virginia, expressed the hope that the new hospital may be "a symbol not only of the best in health service, but also of thoughtfulness, courtesy, and sympathetic understanding to all who enter its doors."

"If we had waited until it could be built and could be run in such a way that no one could find fault with it, then we should not be dedicating it today," he said. "We hope that the State as a whole, the hospitals of Richmond, our citizens and our own people will forgive what faults they find, and earnestly believe that we shall constantly strive to correct these faults."

Other speakers included Dr. Douglas Vander-Hoof, chairman of the executive committee of the board of visitors; Governor Price, Dr. W. L. Bierring, past president of the American Medical Association and Dr. W. B. Martin, president of the Medical Society of Virginia.

The Richmond Times-Dispatch  
December 6, 1940

The Federal Public Works loan and grant programs had turned the great depression into an asset for us. Patients were moved into the new hospital the first of January, 1941.



## 27. COMPLAINTS ABOUT MY ADMINISTRATION

Occasionally a staff member wondered whether our construction was overdone. Some said we needed other things, such as staff, equipment, research funds, and more liberal allowances for attending professional meetings. When I was so questioned, I had to point out the substantial increases in our overall budget. It was not easy to keep the factors in our institutional development in obvious balance; there were natural fluctuations in emphasis.

Occasionally, my critics said that "the president works too much alone"; "he does not take us sufficiently into his confidence." Admittedly, these were valid complaints concerning my working methods. But I was dedicated to the greater goal of accomplishment. (I have observed that those who talk the most about what they are going to do, use too much time in talking and too little time in effort.) I myself found that if I discussed a new project with colleagues too often, I lost a certain amount of enthusiasm and some of the drive required to get the work done. Nevertheless, I was always inclined to turn to advisers in our administrative group and in our various faculties.

Because I wished to accomplish my projects, I did not find it as easy as some to delegate responsibility for carrying out various undertakings. My answer to those who thought I undertook tasks which should have been delegated to others was, "If nobody else around is prepared to run with the ball, you may expect me to do it." Truthfully, I probably did undertake jobs that could and should have been delegated. At the January, 1946, Board meeting, our deans were given more authority, for which they were then well prepared.

The observant will note again and again that the work methods of various individuals differ as much as their personalities. Since this is the case, colleagues should keep in mind these special work methods and attempt to adjust to them.

Early in my administration, I came to realize that attempts to develop schools and departments equally over a period of time was impossible; money was insufficient and personnel, not



available. Rather, effort should be expended to improve one department and then another. Since departments thus varied in levels of excellence, jealousy occasionally appeared. As far as I am concerned, it is impossible to effect excellence in all departments in an even progression. There is not enough money, facilities, or personnel available to accomplish this objective. The alternative is to give one department a chance, then another, as doors open from time to time.

The complexity of the affairs of an institution such as the Medical College of Virginia calls for patience, understanding, and cooperation. New members of our Board of Visitors often commented on this complexity. They profited by a one-day orientation to the institution because they became immediately acquainted with many of the problems which appeared on future agendas. More emphasis on orientation was given in President Smith's administration.

In reporting to the Board and in seeking its favorable action on recommendations, I decided to ask members of the administrative council to attend Board meetings to make brief reports, to serve as advisors, to assist the president, and, of course, to answer Board questions. This procedure was followed at first but had to be abandoned shortly because so much of the discussion in Board meetings had to be devoted to the affairs of the various individual schools. Later, the arrangement for administrative council members to be on hand at Board meetings was instituted again. The procedure was helpful to Board members and to the president, who said frankly that all college executives should know first hand what went on in Board meetings.

My successor, President Robert Blackwell Smith, Jr., made a practice of utilizing the talents of members of the administrative council at Board meetings. Each had to report for at least two or three minutes. New faculty members and others were sometimes given more time to report on new plans or new accomplishments.

In the very first years, students grumbling and smothered resentment developed in response to new restrictions concerning drinking in living quarters in town and at College parties, concerning rules about better conduct in the community, and con-



cerning the requirements of paying room rent and store bills punctually. Some students desired a better setup in some student activities while others chafed under the stricter rules on class attendance.

Richmond was tolerant with respect to medical student behavior; however we desired that MCV students represent the College properly in the community, for they were, in fact, MCV.

## 28. *MAKING AN INSTITUTION ONE*

For purpose of administration, institutions are organized by divisions, departments, and sections, too often without ample, workable arrangements for coordination and cooperation. Coordination and cooperation would consequently prevent too much autonomy of administrative units. Our College and Hospital Divisions constituted perfect examples of duplication in my early years, and some of this continues in one way or another.

The Hospital Division superintendent had tended to report directly to the executive committee instead of through Dr. Stuart McGuire when he was president. Deans and others usually had reported through the secretary-treasurer to Doctor McGuire and to the executive committee, which really ran the College, as the full Board only met once a year and later twice a year. Later regularly scheduled meetings replaced called meetings. The Board met five times a year; the executive committee, six times each year.

Before the administrative council began to function (1925), Division chiefs knew little of what was going on in other Divisions. Although some duplication was necessary, most of it was gradually eliminated by the effectiveness of the administrative council.

Since cost accounting was practically nonexistent, we had to develop routines of prorating indirect costs for operating units. For example, what percentage of the hospital superintendent's salary and other salaries should be charged to the outpatient department operating costs? It required endless calculations to



reach similar costs for outpatient units and operating units. Finally, Mr. Walter L. Beale came to our rescue and turned out meaningful hospital cost statements by the tenth of the month or before. He made other important changes in accounting and reporting.

For years, I favored keeping in each dean's office a record of the matriculation of students, their transcripts, records of financial aid, and guidelines for the determination of appropriate student fees. I adhered to the policy that deans and their staffs should continue to maintain the closest possible contacts with students after their matriculation. This contact promoted communication. Since each dean had his individual files, decentralization could be a reality; and this meant that each student received more personal attention from his respective department.

## 29. *THE HOSPITAL DIVISION*

Hospitals, like homes, are institutions, not just buildings. They are indispensable for patient care and provide centers for the teaching of students, interns, and residents. They are expensive to build, requiring about 650 square feet of floor space for each patient bed and two to two and one-half employees for each occupied bed, not counting medical staff. Hospitals suffer badly from obsolescence and must be considerably updated every twenty to twenty-five years. They are out of date to some extent every time a new medical advance of some consequence is made. Oddly, the more diversified and complicated they are, the greater is the need for resources to meet the requirements of increasing specialism. Hence, in hospital improvement there is no end, unless the tempo of medical progress slows to a halt, which is unlikely and undesirable. It has often been said that hospitals are people and I have noted that they are subject to much unjust criticism. The visitors to hospitals may be more difficult than the hospitals' patients. Patients from different homes and backgrounds expect what they have been used to or even what they would like to have. These demands require flexibility in administration. When pa-



tients go home from hospital care, they are likely to comment on the quality of the food and the nursing. Finally, hospitals are community assets comparable with educational institutions, for example.

I gave more time to our Hospital Division because I was more expert as an educator than as a hospital manager. I tried hard to increase administrative competence.

As I look back now, Memorial, Dooley, and St. Philip hospitals lacked present-day complicated facilities and services. But we made out as other good hospitals did. Financing was difficult because hospitals were then not properly valued by government and the mass of our citizens.

The hospital directors during my administration were Mr. Frederic B. Morlock (1922-1927); Mr. James R. McCauley for finance, and Dr. Miletus B. Jarman, medical director, (1927-1929); Dr. John L. McElroy (1929 to August, 1933); Dr. Lewis E. Jarrett (September, 1933 to May, 1944); a committee for administration (May to July, 1944); Mr. Robert Hudgens (July 31, 1944, to May 1, 1947); and Mr. Charles P. Cardwell, Jr., assistant director, (1945-1947), director (1947-1962), then vice president and director.

I am grateful to each of these men for his patience, faithfulness, excellent work, and loyalty. When one realizes fully that the hospital administrator is under pressure twenty-four hours a day, not just eight hours, he wonders why anyone would select this heavy work; but in this work the observer finds a persistent call for aid, which may be answered fully at times.

Early one morning, Mr. Charles P. Cardwell, Jr., then superintendent of buildings and grounds (1940-1945), came to my office and said he wanted to learn to be a hospital director. When I asked him how he thought he could do this, he said, "I'll come early and stay late." He did this and in due time won the cooperation and esteem of public, staff, and our Board. He gained this esteem as director of the Hospital Division, vice president and director, and later also as vice president of the College for development. Moreover, he won many state and national honors for hospital administration.



Mr. Cardwell's leadership in founding and operating our school of hospital administration also should be noted. At the time of his death (1966), Mr. Robert Hudgens headed this school most acceptably, having rejoined the College staff (1957). The College awarded Mr. Cardwell the honorary degree of Doctor of Hospital Administration, June 3, 1962.

### 30. *MEETING OFFICE PRESSURES*

The pressures on me mounted and I, finally, sought ways of funding and looked for more administrative help. I broached this subject to Dr. Robert Lambert of the Rockefeller Foundation in New York (1941), and, to my surprise, he said that one of his staff in the Paris office would perhaps be available. He was Mr. George W. Bakeman, a graduate of Massachusetts Institute of Technology, with twenty-five years experience in dealing with human problems. He had spent the last fifteen years as administrator of the Rockefeller Foundation European Headquarters in Paris. Doctor Lambert said further that Mr. Bakeman had lately been driven out of Paris by the Hitler invasion and was looking for a job. Doctor Lambert further said that the Foundation might contribute something towards his beginning salary. Before I left New York, I made arrangements for Mr. and Mrs. Bakeman to come to Richmond for an interview and to stay in our home. We found them delightful.

Mr. Bakeman became my assistant. He was a most capable worker and, since MCV was undergoing a period of rapid development and growth at a time of wartime personnel shortages, Mr. Bakeman was repeatedly called upon to fill in in many different departments of the College. At one time, he acted as director of the hospitals, at another, as comptroller; and on several occasions he took over the office of the dean of medicine. When Paris was liberated by the Allies, the American Relief for France requested that he be released by the College for a period of service in France, as field director of all American civilian relief. The Board of Visitors naturally approved.



On his return to Richmond in 1946, Mr. Bakeman was appointed associate dean of medicine serving as chairman of the admissions committee for the selection of medical students, for the distribution of student scholarships, and for the desegregation of employment opportunities. Later he was appointed as secretary of our Board of Visitors and its executive committee. After his retirement in 1959, he was twice called back for active duty in the dean's office. He had an amazing capacity for taking on special jobs.

Welcome relief from delay in getting our financial statements from the College business office came with the appointment of William F. Tompkins, Major General, U. S. Army, Retired. He served first as comptroller, and finally as vice president for financial affairs (1947-1969). General Tompkins was a West Point graduate. His family and forebears had been associated with the College for many years. General Tompkins impressed everyone with his understanding, integrity, and fairness. His office performed quickly and ably for both the College and Hospital Divisions. He was an excellent executive and relieved my office of much pressure. In 1962, he was awarded an honorary degree of Doctor of Science by the College in recognition of his fine service to the institution.

### 31. *DECISION MAKING*

Assigning value to events and experiences and ranking these precisely is impossible. Unless immediate action was imperative, I usually postponed the decision for a day "to sleep on it," as I often commented. My secretary would sometimes say, "Would you like to hold this until tomorrow?" I generally did. Many times the issues in hand were weighed during my best work period between 2 a.m. and 3 a.m. when I seemed to concentrate better. Discussion of the complex problems was another course followed. Our Board, too, often helped me in reaching the best conclusions. Decision-making, though it was a complicated process, remained a challenge through the years.



My wife's judgment often startled me. How was it arrived at so quickly and unerringly? If I did not follow it, I was sure to get my fingers burned. My experience makes me believe that the placement of women on the staff is important.

I used to put the advantages of a given decision in one column and its disadvantages in another, and I found this method expedient at times, particularly when able associates join in the computation.

### 32. *BUILDING TOWARD UNIVERSITY STATUS*

Early appraisal indicated that immediate university affiliation was impossible; instead we had to build our own university. We realized that we had to limit it to education and research in the health fields and associated patient care. Further, because we were not university affiliated, we had to emphasize quality, uniqueness, and distinctiveness. We had to acquire competence in research fields and had to try to obtain research funds that had to come from individuals and from foundations. We created a representative committee to pass on all applications for such funds before they were sought; this committee prevented duplication and application for unworthy projects. A big western university, I found, followed the same practice.

Bidding for graduate students in the basic sciences increased as the staff became available. We stressed cooperation and sharing between departments. This fostering of a spirit of teamwork hindered departments from developing bitter rivalries.

The development of a library of university standards exceeded our hopes; one rating authority put us in the upper ten per cent of American libraries in our field. Resources continue to be readily available from our own units, which can be doubled in size from books and films borrowed from the federal libraries in the Washington area.

Since biophysics courses were needed and were not available from a local college or university, we developed our own depart-



ment, which enjoyed a top rating nationally. The same course of action was followed in other basic sciences.

Our leadership in offering West Virginia University students an opportunity to complete their third and fourth years in medicine was widely recognized. West Virginia had had difficulty in obtaining admission for its third-year medical students in four-year medical schools and had, therefore, turned to us for help. The agreement worked out provided that each year twenty-five to thirty of those qualified would be sent to us and a subsidy of twelve hundred dollars paid for each student and that they would have the status of Virginia students paying the same tuition as ours. The diplomas given to the West Virginia students showed that they had completed the first two years of medicine at West Virginia University and the junior and senior years at MCV; these diplomas were signed by representatives of both schools, making them interinstitutional.

When this agreement was developed in its final form, I personally carried it to Charleston, West Virginia, where it was discussed with State officials and approved in principle; it was later reviewed by three State legal authorities without dissent, which was a compliment to our then Attorney General, Abram P. Staples. Experts indicated ours was the first interstate contract for higher education. The agreement continued from 1944 to 1962, when West Virginia University opened its own four-year medical school at Morgantown. During the seventeen years of the interstate contract, 342 students from West Virginia were admitted to MCV, and 335 were graduated.

The Virginia-West Virginia contract was the prototype for the Southern Regional Education Board interstate education purchase plan, whereby one state might purchase for selected students from another educational offerings not available in the home state. I presented this program to the Southern Governors Conference when I was chairman of the committee which formulated the program. The acceptance of our committee's report without dissent by the Southern governors gave me a genuine thrill. The remarkable development of the Southern Regional Education Board then followed.



From the first, we devoted much time to working with other Virginia colleges and university representatives in making clear our courses, our admission requirements, and student progress reports; much time also was given to developing the Richmond Area University Center, in which all of our Virginia colleges now hold membership. The Center became a model of cooperation for areas beyond Virginia.

Opportunities for graduates to keep abreast of medical developments have increased on the home campus and throughout the State. The program with the State Board of Health for the surgical treatment of tuberculosis on our campus provided teaching and research opportunities. Eventually, on our campus the Children's Treatment Center for emotionally disturbed children was established by the State Department of Mental Hygiene and Hospitals. Some of its staff even held important faculty appointments with us. We had an opportunity, through the generosity of Mr. Bernard M. Baruch, to develop a distinctive department of physical medicine and rehabilitation and to establish an outstanding school of physical therapy.

Specialized hospitals in certain fields, many believe, can be justified. The Eye, Ear, Nose, and Throat Hospital in the midst of MCV, but under its own board and control, is one of these. Except for the scarcity of steel for construction during World War II, the Veterans Administration Hospital would now be located on our campus. Even so, we believe that eventually about six hundred beds of this facility will be located nearby.

As the College grew in prestige, our faculty and staff leaders became widely recognized and received offers for appointments elsewhere. We had our share of honor societies and fraternities, as well as other organizations typical of a university. Thus, step by step, the Medical College of Virginia took on the aspects of a university, in facilities, in staff, in functions, and in budget, antedating the new Virginia Commonwealth University (1969), of which the Medical College of Virginia is an important part.

But here it must be added that when, by request, we took over from the Richmond Professional Institute the course in public health nursing, I hoped we would be allocated all other cours-



es related to health, such as occupational therapy and social work. Out of all of this, a university might be born to be our defense against our not being a university or a division of a university. ("Medical College of Virginia University" sounded sweet to me.) The prejudice against our not being a university originated out of the Flexner report (1910), which was colored by university-based medical education in Europe. It adversely affected our status, *de facto*. Fighting unacceptable ideas is one thing; fighting prejudice and emotionally warped ideas is quite another thing and almost hopeless. Yet, we sought diligently to put our best foot forward.

True, the Flexner report had great value in analyzing American medical education and setting standards, but the emphasis on "university connection" excluded the idea of quality education apart from university ties. One must remember, also, that German universities were scholar oriented rather than student oriented. It was the great scholar that counted, and students came second. Only in the last twenty-five years or so have American medical schools developed liberal student-oriented approaches so that students and their individual differences come first.

### 33. GETTING THINGS DONE

In recent years, several people have asked me what was the secret of my being able to get so much accomplished? Obviously, there is no simple answer; but after I reflected on it for some time, I decided to write something on the subject. The discussion that follows is something less than a masterpiece, but it does seem to answer questions. My answers may provide helpful hints to future administrators.

Learning to work fast, refusing to postpone except for special reasons, learning to snap back after interruption, desiring to work hard for long hours—these are a few guidelines for getting the routine done. Often the old saying applies, "If you don't know what to do, begin and you will find out." Trying



does open doors. When it comes to special projects, those undertakings which necessitate much planning, imagination, collection of data, and consultation with leaders, they require revision and further revision.

Getting such projects done calls, first, for getting the ideas right—the slogan of achievement. How does one get the ideas right? What are the elements of the bigger projects? Start writing ideas as they are conceived. Revise and revise the project, consult with many others, search the library, visit similar or related projects. It will be found that each time the project is rewritten, it becomes clearer and more feasible. Getting the detailed ideas right is the most important aspect of any action program. Even financing, always bothersome, takes second place to getting the ideas right.

When the project in hand is documented in detail, then is the time to test its merit by presenting it to the board to whom the author of the project is responsible; and when it has been accepted, test it further with one's advisers. Finally consult with the person, government, or foundation who might be able to help finance the undertaking. In these consultations, it is generally better to discuss the proposal in person and to hold back the documented proposal until substantial interest is created.

### 34. *DISTINCTIVE DEPARTMENTS*

Developing a distinctive and a distinguished service, or teaching department, in an institution such as the Medical College of Virginia requires appropriate facilities and an able, creative, highly motivated chief. How such a service-teaching department is developed is recounted here as an example. The audio-visual department, headed by Mr. Melvin C. Shaffer, provides an example. This department has institution-wide responsibilities. The status and influence of Mr. Shaffer's department locally and nationally today and its progress in attaining such stature are here described under three subheadings: the department today (1970); the beginning (1947); and the forecast for tomorrow.



The visual education department today consists of twenty-seven full-time employees in the fields of art, photography, television, printing, and classroom services. Its facilities range from an ultramodern color television communicating system in dentistry to a learning resource center incorporating a media library and two hundred and fifty study carrels for medical students. The staff is highly skilled and is represented by well-trained professional people in each category, including an academic media consultant. The department has received international recognition; and since the curriculum revision in the school of medicine was established, it has played a key role in the graduate instructional activities of the College. It has physical resources valued at nearly one million dollars, and its annual operating budget approaches a quarter of a million dollars.

Mr. Shaffer was little known to us prior to his appointment. He says he had liked members of our medical faculty, among them Dr. Campbell Manson, whom he met in Europe during World War II. After the war, on a trip to make motion pictures at McGuire VA Hospital in Richmond, Mr. Shaffer called Doctor Manson, who asked him when he was coming to the College to work. Although surprised at this query, Mr. Shaffer within an hour was in my office discussing the formation of an audiovisual department. At this session, Dr. Herbert C. Lee, chairman of a committee to find and recommend such a department head, was present.

Beginning January 1, 1947, this story is a long one. In time, a workroom on the unfinished seventeenth floor of MCV Hospital was completed. The staff consisted of a medical illustrator and, later, a photographer. Mr. Shaffer says he never knew he had a "boss" at MCV, that he just worked with people and reported to me some of the results, and that by his talking to the members of staff on elevators he often came to important decisions. One of these was the arranging for interviews with psychiatric patients by a psychiatrist while students elsewhere observed the interview.

Mr. Shaffer says that, during the years he was housed on the seventeenth floor, he spent fully three years riding elevators. In 1963, when Sanger Hall was completed during Doctor Smith's



administration, Mr. Shaffer was allocated space for his department. After seventeen years, Mr. Shaffer states that this move was very important since it marked the beginning of communications involvement in the undergraduate affairs of the institution, the beginning of electrography, and the beginning of the use of electronics in education. Mr. Shaffer early won and continues to hold the consummate respect and esteem of the faculty and the administration of the College. This fact is gratifying to record.

The future of the department seems bright. In addition to continuing its present activities, it will expand so as to furnish audio-visual service to the general academic division of Virginia Commonwealth University. Furthermore, it will become the nucleus of an academic communications department wherein instructional activities, in addition to the traditional audio-visual services, will be available. The expansion will bring into the department academically oriented people, and it is anticipated that a strong base in instructional research will follow. It is likely that substations or satellite units will be developed to meet expanding and varied needs of the general academic campus. Faculty participation in the production of teaching aids will be encouraged, and schemes in which students engage in self-study will be developed for the benefit of all students, as is now done only in the school of medicine.

Another department at MCV that has unique, distinctive features is the department of biophysics. This department began as a division of physics in the department of surgery under the leadership of Dr. Everett I. Evans, who imported a physicist, Dr. William T. Ham, to head the division. From 1948 to 1953, this division was maintained entirely by federal funds appropriated to support research on the thermal and ionizing radiation effects of nuclear weapons. The work done in this division led to several experiments in the Nevada desert during operations *Ranger* and *Buster*. During this period, the division introduced new courses and research in radioisotopes, radiobiology, radiation dosimetry, medical electronics, mass spectroscopy, and biophysics.

In 1952, the dean of medicine, with my active support as president and that of Doctor Evans, invited Doctor Ham to



formulate plans for a department of biophysics. The new department was established in 1953 and operated almost entirely with federal funds and equipment. Unfortunately, Doctor Evans died before the new department could develop beyond the division stage. The department developed over the next decade and a half into a basic science department, supporting professional and graduate teaching in the health sciences; promoting research on the biological effects of thermal, ionizing, and laser radiation; and applying the results of this research to clinical medicine. In particular, the department introduced new disciplines and methodologies in the study of radioisotopes, mathematical statistics, physical chemistry, health physics, and computers. The present department of biometry began as a division within the department of biophysics. With federal funds, the first computer at MCV was rented. The department, as it exists today, has eight staff members, eleven supporting personnel, and eight graduate students. It has graduated five students with the doctorate degree in biophysics. State support has increased through the years from a pittance in 1953 to a substantial amount, but the department is still dependent on outside sources for approximately fifty per cent of its operating costs. The department is playing an important national role in preventive medicine through its research activities on the biological effects of lasers, high energy protons, X rays, and microwaves; it also plays an important national role in providing data, particularly on the ocular hazards of electromagnetic radiation data, which is useful in establishing standards to protect the public health. Much of this research is done in close collaboration with the department of ophthalmology.

A basic research program in molecular biology has been developed in cooperation with other departments, such as those of microbiology, physiology, and biochemistry. This department has creatively utilized federal research funds for the development of education and learning in a university. Much credit must go to Doctor Ham and his associates for the present complex department of biophysics, which has achieved considerable distinction. It is the only one in Virginia, and there are only a few in the South.



### 35. *HOSPITAL DIETARY DEPARTMENT*

An excellent, stable, up-to-the-minute dietary service can make or break a hospital. MCV hospitals have been fortunate to have had the dietary staff they have had. Varied menus for many patients, refreshments upon request, special lunches for College officials and staff groups, superior intern training for dietitians, best utilization of centralized and decentralized food services call for human toughness, force, and special abilities.

Miss Kathryn W. Heitshu and her associate, Miss Mary Jane Allen (with total staff of two hundred in my day at MCV) have a record—for Miss Heitshu thirty-nine years, for Miss Allen thirty-three years tenure, records seldom exceeded. Often taken for granted, the chief and her faithful associates deserve warmest thanks. Others of Miss Heitshu's staff with records for unusual length of service at the College are:

Elizabeth Lounds, M.S., University of Chicago, completed internship, MCV, 1939; joined staff, pediatrics, 1940; research on burns, 1949; now clinical transplant research.

Mary Kelly, M.S., Columbia University, joined staff 1949; teaching in school of nursing, 1951-1962; 1963 to present, education director.

Margaret Kilian, M.S., University of Wisconsin, completed internship, MCV, 1942; patients' service, medical wards, from 1942.

Agnes Lipscomb, secretary, 1947 to present and right arm for the department.

MCV has been unusually favored by a dedicated and experienced staff

### 36. *MEDICAL CENTER DEVELOPMENT*

After nation-wide travel and much reading, I was convinced that we, too, should drive hard toward development of



a general medical center for all institutions willing to associate with us on a single campus or otherwise. This center might involve a "superboard" for coordination of center activities.

In 1948, I wrote a paper, "Some Advantages of Medical Center Development." In addition to the general benefits for the public, for the profession, and for patients, twenty-six specific advantages were pointed out. This point of view was considerably augmented by ideas and suggestions from our faculty and our Board. The Rosenwald Fund showed interest in helping to finance a local hospital for Negroes, if it were built within the growing MCV complex. We had studied similar projects in Baltimore and Chicago; we finally decided against the proposition.

The 1948 paper was written to promote the idea of bringing to the Medical College of Virginia campus as many health-care facilities as possible. At that time, an effort was made to have Richmond Memorial Hospital locate in our area; and in the event any of the private hospitals should want to consolidate their interests and staffs and erect a new hospital, we were ready to have them also located adjacent to us.

Considering the growth of the Medical College of Virginia since the late forties, I think that it would have been a mistake to have piled up in our area a number of other hospital and health-care resources. The availability of traffic lanes and building sites is too restricted; and parking facilities, too crowded, making the whole concept of a big medical center in the MCV area unrealistic. For these and other reasons, one has to be cautious in promoting objectives such as a medical center whether in Richmond or elsewhere. Bigness looks better on paper than in practice, and for us decentralized facilities, to a degree, are the answer to the best method of providing health care. Thus, the concept of center as a locale gives way to the idea of center as a functioning association of institutions with common objectives. I have reflected on the question of medical center development in Richmond and I have come to this conclusion.

The tempo of medical progress has led to an ever increasing specialism with more and more subspecialties, making teaching centers referral institutions to the point where general prac-



tice of the olden day and family medicine (the new specialty) are almost crowded out. Fortunately for MCV, patients from the city of Richmond do furnish a general cross section of types for teaching. It seems inevitable, though, that the resources of certain community hospitals will be required to meet teaching requirements as the size of the MCV freshman class grows, as the curriculum changes, and as training requirements for interns and residents shift from time to time.

Considering what has been said I still do not overlook the great importance of having the Ennion G. Williams Hospital and the Children's Treatment Center on our campus. In addition I support the founding of a psychiatric institute and a new Veteran's Administration Hospital on our campus.

The Ennion Williams Hospital was a joint project with the State Board of Health, which needed an extension of facilities for the surgical treatment of Negro patients; in addition, MCV needed TB cases for teaching; students and housestaff seldom saw such cases. In our plea for financing by the State, we pointed out that TB cases could best be provided for on upper hospital floors; and we suggested that we needed funds for construction of lower floors for psychiatry, surgery, and general medicine. The joint appropriation and finance committee of the General Assembly at first seemed to favor recommending support for the TB service but was reluctant to recommend funds for our part of the building until the impossibility of constructing upper floors without supporting lower floors was realized. This point was stressed several times until a member of the committee said, "I guess Doctor Sanger is right" and moved to recommend funds for the entire building. After the meeting, there was some good-natured chiding about the impossibility of upper floors existing without the support of lower ones.

To defeat the prospect of locating the Children's Treatment Center miles from MCV in the vicinity of the Richmond airport, I joined a committee from the State Department of Mental Hygiene and Hospitals on trips to New Jersey, Philadelphia, Detroit, Ann Arbor, and Omaha to see child psychiatry in operation and pick up pertinent ideas. Before we boarded our plane at Ann Arbor for Richmond, we agreed that the Virginia Chil-



dren's Treatment Center would be located on our campus. The State later reimbursed us for the building site that we already owned.

Further discussion of a psychiatric institute, a woman's and children's hospital, and other facilities is here omitted but not because of lack of interest. Discussion of the psychiatric institute began during my administration and still continues at times. An institution like ours must develop or retrogress.

### 37. *MEDICAL COLLEGE OF VIRGINIA FOUNDATION*

Quotation from the College catalog, 1960-1962:

The Medical College of Virginia Foundation was incorporated during the session 1948-1949 to work with and through alumni and others in the broader interests of the College. Under separate officers and Board members, who may be drawn from beyond Virginia, the Foundation undertakes fund raising for the institution and other services that a separate corporation of the kind is especially fitted to do.

Officers of the Foundation are: Mr. Buford Scott, president; Mr. R. F. Burke Steel, vice president; Dr. R. Blackwell Smith, Jr., secretary and assistant treasurer; Major General William F. Tompkins, treasurer and assistant secretary.

The Century Club was set up in 1955 within the framework of the Foundation. Alumni and other friends are asked to subscribe \$100 a year as long as they can conveniently do so.

Colonel Robert T. Barton, Jr., a member of our Board of Visitors, volunteered to do the legal work when the Foundation was incorporated; he also paid the charter filing fee.

We had found many pressing needs for funds that could not be obtained from our Legislature. The remedy was the same



for us as for many other colleges and universities. We thought that gifts and bequests would be made more willingly to a corporation not controlled by the State. On this basis, we permitted possible donors the choice of making gifts and bequests to the Foundation or to the College.

A rule was adopted to assign gifts, some grants, and bequests to the Foundation unless the donors indicated otherwise. Investments were handled through our agency account at First and Merchants National Bank. We used unrestricted funds under the authority of the Foundation Board for any pressing service that the State, under its policy, could not provide. Of course, restricted funds were handled in strict compliance with the stipulation regulating such sums. In drawing his will, one person, I remember, reiterated that his money, when it was received, must be managed by the MCV Foundation, not by the State. Free funds, even in small amounts, were a great blessing in our work. Over the years the Foundation has prospered and its resources now include all MCV endowments.

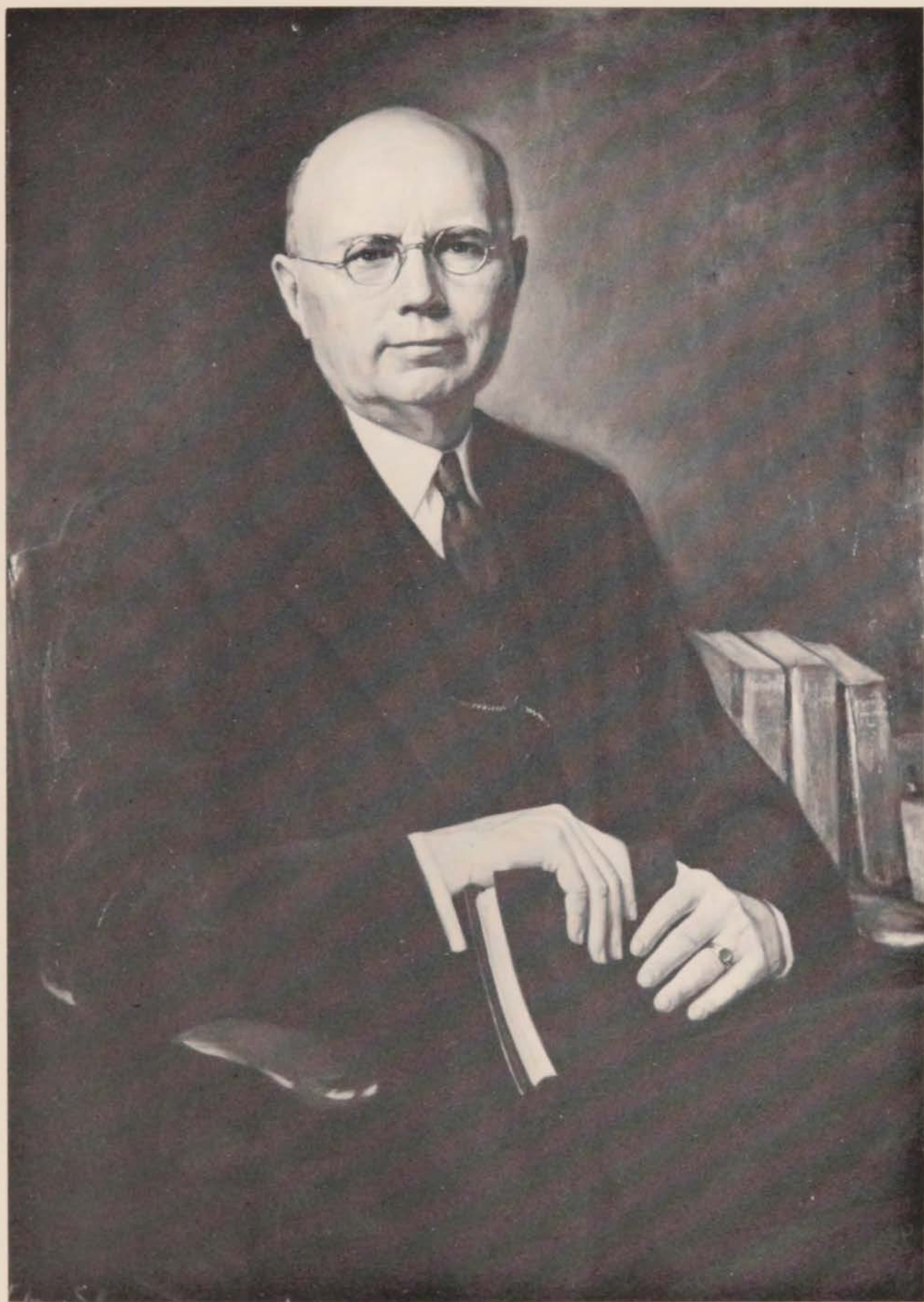
My last word on the Foundation to our friends and alumni—do support it!

### 38. *TWENTY-FIFTH ANNIVERSARY, 1950*

After much preparation by a large committee, my twenty-fifth anniversary at the Medical College of Virginia was observed. There was a dinner for the Board of Visitors, special guests, and the anniversary committee. Later, there was a program in the auditorium of the old First Baptist Church, Twelfth and Broad Streets, which the College had acquired in 1939. Colonel Robert T. Barton, Jr., chairman of our Board, presided. The public was invited, in addition to faculty members, representative students, State officials, and others. The talks were warm and complimentary. Governor John S. Battle came only because he desired to express his appreciation for the beneficial work I had done.

At the close of the program, I was presented with a handsome engraved silver bowl by the Board of Visitors and some





*Doctor William T. Sanger*





*Sylvia Gray Burns, shortly before marriage.*



*Doctor Sanger's birthplace, the Red House, near Bridgewater.*



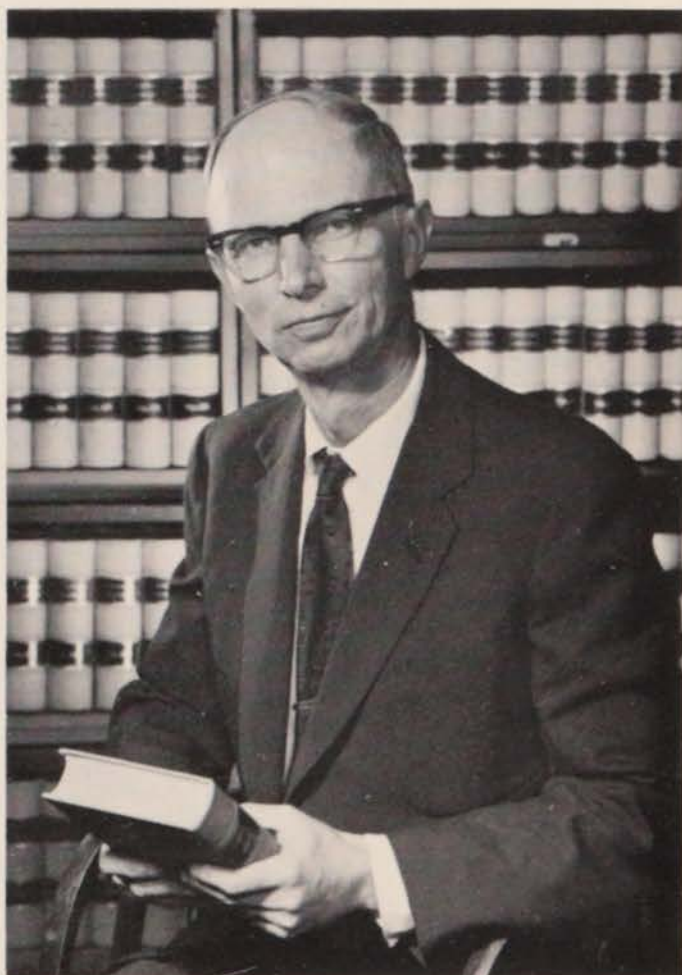


*Sanger family dwelling, South Bend, Indiana, 1901-1910.*



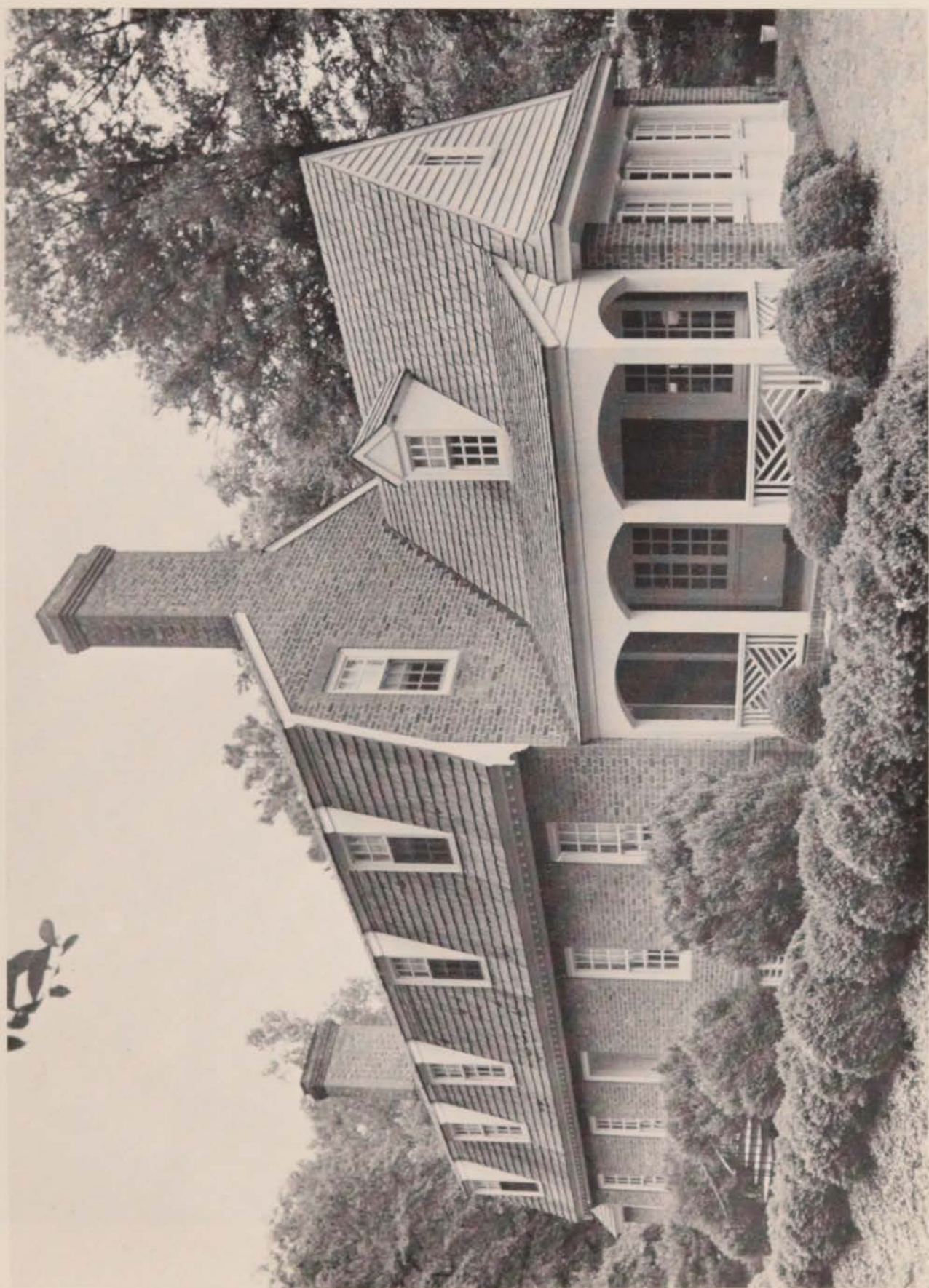


*Mrs. William T. Sanger*



*Mr. Julian D. Sanger*





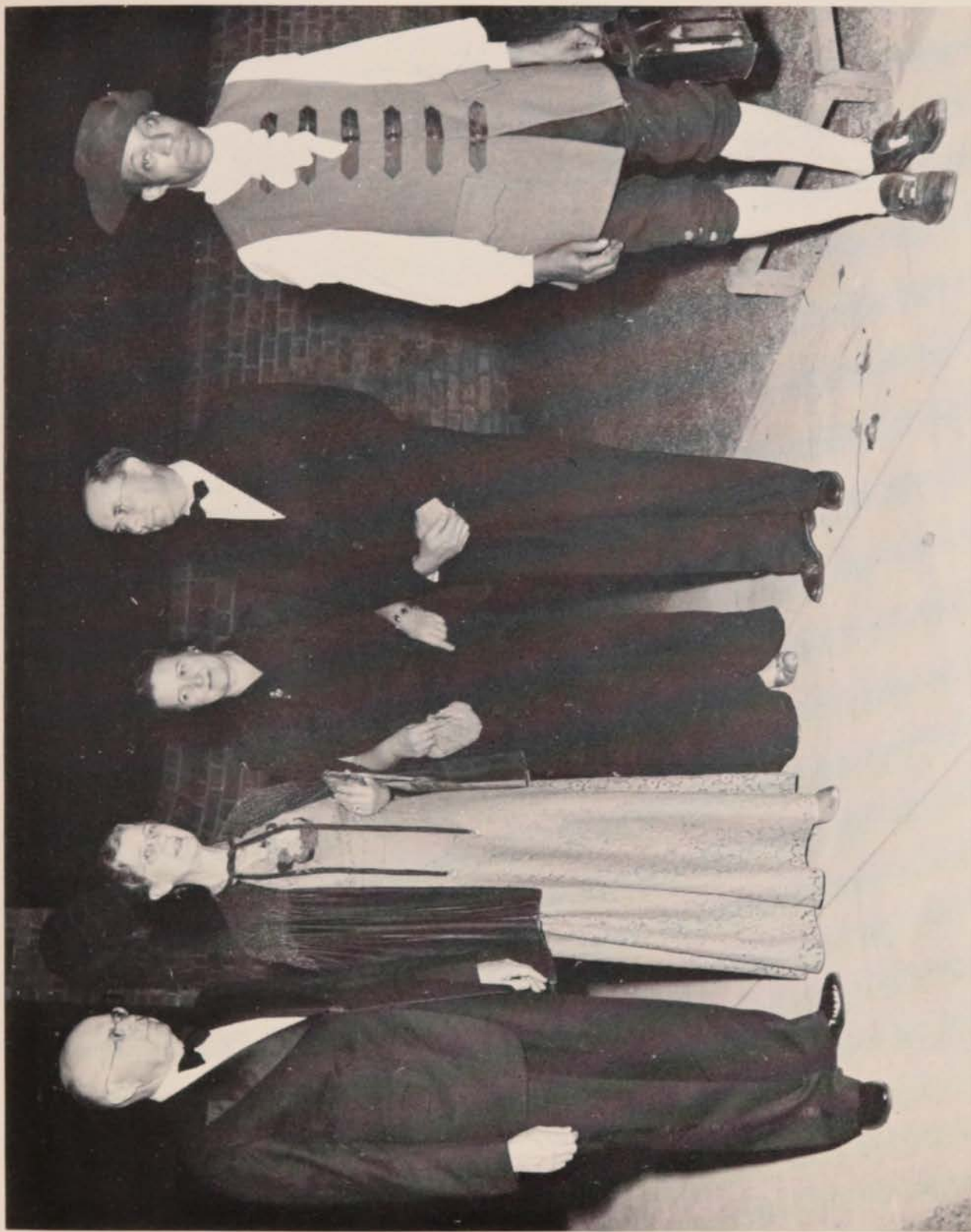
*The present home of the Sangers.*





*Doctor Stuart McGuire, distinguished physician and Doctor Sanger's predecessor as president of MCV.*





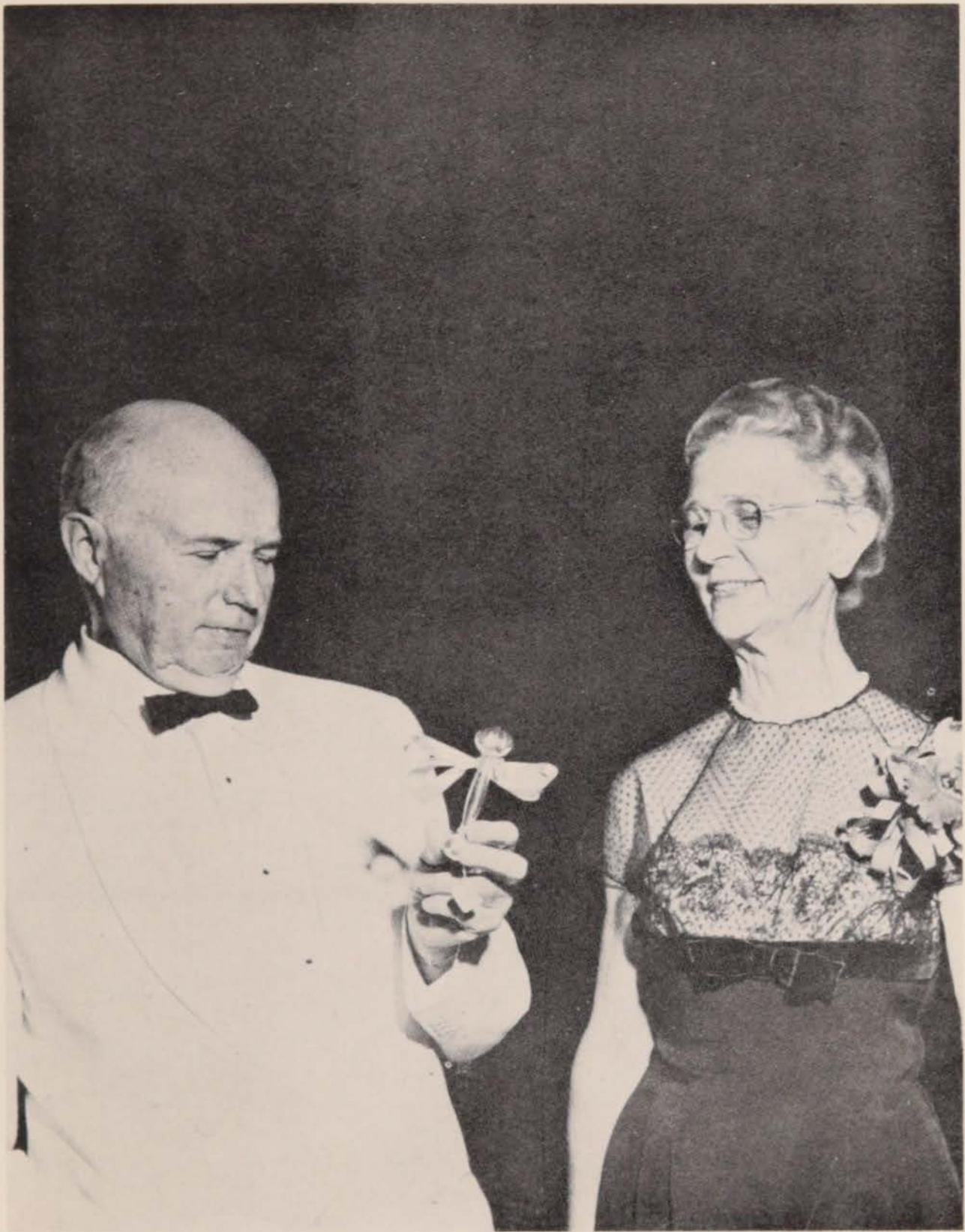
*Doctor and Mrs. William T. Sanger as guests of Mrs. A. Edward  
Kendrew and Mr. Kendrew in Williamsburg.*





*Doctor and Mrs. William T. Sanger at the 25th anniversary celebration of his presidency of MCV.*





*Doctor and Mrs. William T. Sanger being presented the silver rattle  
as the first chancellor of MCV.*





*Sanger Hall, medical education building.*





*Mrs. Sanger unveils the plaque at the dedication of the Sanger Hall  
as Doctor Sanger looks on, 1970.*





*At the dedication of the Sanger Building, Mrs. Warren W. Brandt, Doctor  
Brandt, Mr. Buford Scott, Mr. Eppa Hunton IV, Doctor and*



unusual book ends by Dr. Moses Benmosche, an alumnus. Finally, I was presented by Dean Harry Bear on behalf of the faculty, staff, and other friends with a set of keys to a new automobile. "Here are the keys to a new car," Dean Bear said, "because the car was too big for the auditorium, it will be delivered to your home tomorrow." The gift was almost too overwhelming, and I think Sylvia shed a few tears; I know I did. It was hard to go to sleep that night and to get down to work the next day.

One paragraph from Governor Battle's remarks regarding the anniversary might emphasize what I have regarded as important in my development, in making MCV known:

His outstanding achievements here in Virginia have not gone unnoticed beyond our borders. He is recognized as one of the South's foremost administrators and has been called in as a consultant on the problems of medical education in many other areas. He has given much valuable counsel and assistance to the Board of Control for Southern Regional Education in the development of its cooperative educational program in medicine, dentistry, and related fields.

I still have a file of tributes presented on that anniversary night by those invited to speak. These good people vied in their gracious remarks, which were all gratefully acknowledged. Regretfully, only their names are listed here:

For the State of Virginia:

Honorable John Stewart Battle, Governor

For the City of Richmond:

Honorable W. Stirling King, Mayor

For the Colleges of Virginia:

Dr. George M. Modlin, President, University of Richmond

For the Health Services:

Dr. Lonsdale J. Roper, Commissioner, Virginia State Department of Health



For the Alumni:

Dr. Harry Lee Claud, Past President, Alumni Association

For the Student Body:

Mr. Wyndham B. Blanton, Jr., President, Student Body Association

For the Faculty:

Dr. Harvey B. Haag, Dean, School of Medicine

I was most touched perhaps by the tribute from Mr. Blanton (now Doctor Blanton) in representing the student body, because to me students came first, and their positive reaction to my sentiments was deeply rewarding.

When it came my turn to attempt words of appreciation, I spoke from the heart. What I said is best reflected in a quotation from the Richmond press below:

After warmly thanking those who made the anniversary celebration possible, and insisting he did not deserve it all, Doctor Sanger launched immediately into a look ahead for the Medical College of Virginia. He emphasized that MCV's general objectives are fairly clear, turning out the best possibly prepared workers for the health-service fields, high quality care of patients in hospitals and clinics, and ever more creative research, both basic and clinical.

He then emphasized that while we are now preparing a graduate of high technical competence, we should also strive to enrich what he called the humanistic side of educational effort. To this end, he suggested the need of adequate student housing as basic, with more social opportunities, more chances to associate informally with faculty and leaders in the several health-service fields, with a bit more leisure to permit keeping up with the fast-moving events of the world outside, more recreational reading, more chance to hear good music and to profit by other outside cultural activities.



There can hardly be enough of good and inspiring teaching to develop a deep sense of dedication to the profession and a determination to keep on growing in its service. Instead of a "lock-step" pattern of education, he suggested a variable tempo to meet varying individual needs, with some chance to drop out and give a year to research or other related activities.

To accomplish these and other institutional objectives, it was said by Doctor Sanger, MCV shall need more buildings in addition to those planned, like the new nurses' dormitory and the new dental building. He looked forward, he said, to a gymnasium sorely needed by students too busy for casual exercise, to enlarged medical laboratories, to an institute for clinical research that he said would be fairly expensive, to a hospital for Negro children to replace the Dooley Hospital which is overcrowded. Dooley would become a part of a further enlargement to accommodate the overcrowded Saint Philip Hospital.

The editorials (April 27, 1950) which followed the anniversary the next day are quoted in full (Addendum, IV). These editorials should be viewed in contrast with the 1925 editorials mentioned in section 15.

### 39. *THE ALUMNI ASSOCIATION*

The alumni association of any institution is expected to be a strong arm of support of alma mater, having a widespread interest in the affairs of the institution itself.

I learned from my advisers and from my own observations at annual alumni meetings in my early years that the Association was pretty much in the hands of local alumni. There was a clear need to develop closer ties between alumni throughout the nation and the College. To this end, the structure of the Association was changed from time to time; alumni chapters were organized, and their meetings were generally attended by a representative of the Association or of the College, or of both.



Historically, the MCV Alumni Association predates most of our College development. It was organized March 29, 1889, when medicine was the only organized school and when the academic year covered only five months. To its continuing credit, the Association has for many years provided that each major school be represented on the Board of the Association. Another tie between the Association and the College was sought through a request from our Board (1947) that the president of the Alumni Association attend the Board's meetings when practicable and bring to the Board recommendations and reports from the Association.

The publication of the widely distributed alumni magazine, *The Alumnus*, starting July, 1944 (changed to *The Scarab* in 1952), was a most helpful method in keeping alive the interest of our graduates in the institution and in each other. Several nice gifts from the Association, one of \$100,000, paid over a period of ten years to furnish a large alumni lounge in one of our new dormitories, indicated that students and graduates were aware of their obligations to the College.

Purchase of the Maury House, 1105 East Clay Street, for an alumni building, provided new office space for the Association and attractive lounge areas. Cost for furniture and remodeling was \$60,000 (1947-1948).

To foster student and graduate interest in the Association, the alumni house has made a continuing contribution through receptions and parties. I personally felt strongly the need of effective alumni ties with the institution and attempted to support all efforts in this direction, including many visits to alumni chapter meetings. Here the reception was enthusiastic and gratifying. During travels for the College and on business of my own, I gratefully acknowledged many kindnesses to me and many questions about what was going on in Richmond. I am especially grateful for the memory of my trips.

This same personal interest was abundantly shown when Sylvia and I attended the alumni dinner at commencement each year. During the social hour, we were seldom able to speak and to shake hands with all present. My remarks later at the dinner were intended to increase understanding and support of my ad-



ministration, and later of Doctor Smith's presidency, and now of Doctor Brandt's.

Alumni as individuals and each Alumni Association president would justify comment, if space permitted, to give them the recognition they deserve. Since there is only one Miss Minnie Franck, executive secretary, I would stress that few could have been found to head the alumni office with equal imagination, skill, and drive. The commencement season and other occasions find her prepared.

My deepest hope, as I write, is that our alumni will patiently accept the inevitable necessity of MCV being university connected and will rely on time to smooth the transition.

*The Scarab*, August, 1956, states, "This issue is dedicated to Dr. William T. Sanger with the love and respect of the Alumni of MCV." When I reread the appraisals of this issue, I realize again how kind coworkers can be.

Dr. Robert V. Terrell, editor-in-chief of *The Scarab*, is quoted in full except for the lines from Shakespeare, "Who is Sylvia?"

William T. Sanger of Rockingham County and Sylvia Burns of Bath County, Virginia, met as students at Bridgewater College and were married in 1913. They have one son, Julian, a lawyer practicing in Richmond.

Able and aggressive president of the Medical College of Virginia for thirty-one years and now its first chancellor, Doctor Sanger has at one time or another known both praise and criticism but by unremitting labor has earned the affection and complete confidence of all who love the College. His ability and integrity have won for him and his College a nation-wide position of high regard. His accomplishments need not be retold here for he is the personal acquaintance and friend of most alumni of the College. Not so well known to the alumni is the gentle and unobtrusive, yet



accomplished, Sylvia to whom we owe far more than we can reckon. She is perhaps best known for her organization of the Women's Club of MCV, which welcomes the wives of new faculty members, and does much to promote their incorporation into the College family. Those who know her well are equally impressed by her ability to remain quietly in the background, and her willingness to lend encouragement and wise counsel when it is needed.

Thinking of the problems faced by college presidents' wives, Mrs. Sanger shyly confided that she had been much influenced by Mrs. Albin Bro, wife of the president of Frances Shimer College in Illinois. After a moment's search, she produced (from one of her table drawers) a faded newspaper clipping entitled, "Janitors Without Portfolio," which term Mrs. Bro applied to the wives of college presidents, adding that they are expected to have constitutions of steel and be able to function on practically no fuel. "The college president's wife," she said, "must keep her house open for the sake of public relations, and keep her mouth shut for the same reason. In her dress she must show *chaste taste and no waste.*"

As for joining clubs, Mrs. Bro said, the college president's wife definitely must join them—the Daughters of the American Revolution, if she can, to prove she has ancestors, and something fairly liberal, like the League of Women Voters, to prove that ancestors don't matter, the American Association of University Women to show that the president didn't marry a *nitwit*, and a bridge club to show that he did.

In spite of all the things expected of women in her position, Mrs. Sanger agrees with Mrs. Bro, that she wouldn't change places with anyone, because of the opportunities the president's wife has for aiding college students, who need someone in an unofficial position with whom they can talk over their problems.



Mr. Charles P. Cardwell's appraisal and Dr. Sydney S. Negus's, "Mr. MCV," are omitted here, although cherished by me and my family.

"An Appraisal of His Work" by Dr. Porter P. Vinson is included (see Addendum, V).

#### 40. *MEDICAL EXHIBITS*

##### MCV Centennial, Richmond Bicentennial

In January, 1937, the Virginia Capital Bicentennial Commission was incorporated with Mr. William H. Schwarzschild as president. He was also one of our effective board members.

The commission appointed a medical committee, of which Dr. Wyndham B. Blanton, Sr., was chairman. This commission was comprised of a representative of the medical interests of the City, including the Academy of Medicine; a representative of the hospitals of the City; a representative of the Medical College of Virginia; a representative of the nurses' committee; a representative of the Retail Druggists' Association; a representative of the Richmond Dental Society; and individuals with special assignments.

The catalog of exhibits lists fifty-seven panels and booths, which were set up in the Academy of Medicine building and the College library. These depicted progress made over a period of a hundred years in all the fifty-seven areas concerned and were remarkable because of details and many individuals and groups involved.

The lay public as well as professionals took a great fancy to the extensive exhibit material. Most of us were surprised by the interest that continued for months. I, personally, showed many visitors selected exhibits, and all of us were sad when the time came for dismantling the booths and panels; they were excellent and would have constituted the nucleus of a permanent medical museum, if space for it had been available. It seemed a pity to pass up such a unique opportunity to educate so pleasantly the public in health affairs.



#### 41. *JEFFERSON DAVIS MEMORIAL CHAPEL*

During the construction of the Medical College of Virginia Hospital (completed December, 1940), it was thought that a suitable chapel might be created on the first floor, but the space tentatively assigned for it was required for other hospital purposes.

After a lapse of twenty years, an impressive chapel was developed and dedicated on the seventeenth floor of MCV Hospital. At the dedication, Mrs. Murray Forbes Wittichen, president-general of the United Daughters of the Confederacy, presided. The chapel was her brain child, and her enthusiasm and persuasiveness overcame many obstacles in its development as a memorial to Jefferson Davis, President of the Confederacy. One of the speakers at the dedication was Dr. Hudson Strode, the biographer of Jefferson Davis and a member of the faculty of the University of Alabama. From my point of view, this chapel, where religious services are conducted on Sunday and at other times, and where many people go for solace, is a memorial to Mrs. Wittichen (although she is still living) as well as to Jefferson Davis.

A few reminders are here quoted from Doctor Strode's dedication address:

In 1861, Mr. Davis was the unanimous choice of the Confederate Convention for President. No one in the land held so gloriously that combined record of outstanding statesmanship and distinguished service on the battlefield. No historian yet has come up with any candidate who might have succeeded better in the difficult role than Davis. Our beloved Robert E. Lee, who was on most intimate and harmonious terms with the President, declared that he knew of no one who could have done so well.

Jefferson Davis was a president without precedent. He formed a brand-new nation in the cauldron of a terrible war. Though a most reluctant secessionist, when the responsibility was thrust upon him, he did



certainly create a nation, a fact that Gladstone proclaimed in England.

It is altogether fitting that this memorial should be in Richmond. For almost four years this proud city was the capital of the Confederacy, in that tragic period of bloodshed, high hopes, and selfless sacrifice.

Jefferson Davis could not have a more suitable memorial than this sanctuary created in the very neighborhood of his most historic years, in the real-life theatre whereon he acted his noblest part. A few blocks away at St. Paul's he was confirmed in the Episcopal faith. There he prayed for strength to keep this soil unviolated. He was a familiar figure here—in his executive office and on horseback, when as Commander in Chief of the Army he rode around the lines of fire encircling the City and off to battlefields twenty miles away.

#### 42. *ALUMNI BANQUET, 1956*

Retirement seems to be a special time for the giving of gifts. Before commencement, 1956, the wife of a past president of the Alumni Association called my wife to ask what I would like as a present from the Alumni Association. Sylvia thought a little bit and said with a laugh, "Give him a tailor-made suit; he has never had one in his life." There was quite a chuckle about this, but in time I was told to go to a local tailor for measurements. Fortunately, the beautiful blue suit, still worn on dress-up occasions, was ready before commencement. Although it was a winter garment, I stuck to a firm resolve to wear it at the annual 1956 alumni dinner, whether I roasted or not. I did wear it, and the story of the tailor-made suit provoked a good deal of mirth and was mentioned in the tribute given me by Dr. H. Hudnall Ware, Jr., past president. I had a word to say about the blue suit as well as other words of praise for alumni work during my administration.



## 43. THE THIRTY-ONE YEARS SUMMARIZED

A short time after my retirement, I was talking to a friend, a university chancellor, who was routinely receiving copies of the *Medicovan*, our College magazine. I asked him how he liked my Medical College of Virginia commencement address, both as to brevity and substance, as it appeared on page eight of the *Medicovan*, June, 1956.

My friend's reply was, "The address was all right, but I liked even better the material on page three of the current issue of the *Medicovan*. The statistical review of your work in Richmond is impressive; also I liked the form of presentation."

Below is a reproduction of the greater part of the material referred to by my chancellor friend, as prepared by Miss Thelma Vaine Hoke, editor of the *Medicovan* and my perceptive and persistent secretary for many years.

There are few of us left who have been with the College during the thirty-one years of President Sanger's service. On his retirement as president July 1, it would seem fitting to record here the growth of the institution during these years. Doctor Sanger would be the first to point out that this remarkable growth was not due to his dreams alone, but to the interest, hard work, and loyalty of our Board of Visitors, our faculty, our personnel, and the many friends of MCV.

It seems better to quote figures than to attempt a word picture of our growth; truly, these figures speak eloquently with no need for words.

From July 1, 1925, through July 30, 1955, the College has received grants and gifts of \$13,678,305.09; adding to that figure the gifts and grants received thus far in 1955-56 brings us to a total of almost fourteen and a half million dollars in the past thirty-one years. Included in the total is \$5,074,819.19 received from bequests in wills.



|   | 1925-1926   | 1955-1956     |
|---|-------------|---------------|
| Plant Value .....   | \$1,074,303 | *\$10,916,545 |
| (*Replacement value would be about \$25,000,000 based on construction costs today.) |             |               |
| State Appropriation .....   | \$ 90,500   | \$ 2,096,540  |
| Operating Budget:   |             |               |
| College Division .....  | \$ 194,447  | \$ 1,644,398  |
| Hospital Division .....   | \$ 274,600  | \$ 6,078,702  |
| Total .....   | \$ 469,047  | \$ 7,723,100  |
| Faculty .....   | About 200   | Over 600      |
| Hospital Beds .....   | 424         | 1,009         |
| Enrollment:   |             |               |
| Medicine .....  | 347         | 366           |
| Dentistry .....   | 78          | 230           |
| Pharmacy .....  | 109         | 261           |
| Nursing .....   | 69          | 157           |
| St. Philip Nursing .....  | 26          | 68            |
| Schools added since 1925:   |             |               |
| Physical Therapy .....  | ....        | 57            |
| Hospital Administration....   | ....        | 11            |
| Graduate Study .....  | ....        | 20            |
| Medical Technology .....  | ....        | 29            |
| X-ray Technology .....  | ....        | 31            |
| Dietetics .....   | ....        | 12            |
| Practical Nursing—White   | ....        | 47            |
| Practical Nursing—Negro   | ....        | 59            |
| Grand Total .....   | 629         | 1,348         |
| Graduating Classes:   |             |               |
| Medicine .....  | 81          | 98            |
| Dentistry .....   | 16          | 47            |
| Pharmacy .....  | 35          | 48            |
| Nursing .....   | 16          | 28            |
| St. Philip Nursing .....  | 5           | 19            |
| Physical Therapy .....  | ....        | 28            |
| Hospital Administration .....   | ....        | 12            |
| Medical Technology .....  | ....        | 27            |
| Graduate Study .....  | ....        | 6             |
| Grand Total .....   | 153         | 313           |



## HOSPITAL SERVICES

|                            | 1925-1926 | 1954-1955 |
|----------------------------|-----------|-----------|
| Patients Admitted .....    | 6,172     | 30,632    |
| Operations .....           | 3,290     | 12,980    |
| OB Deliveries .....        | 562       | 5,327     |
| Emergency Room Cases ..... | 2,191     | 50,397    |
| Outpatient Visits .....    | 23,350    | 111,802   |

## MAJOR BUILDINGS

| 1925-1926           | 1955-1956                          |
|---------------------|------------------------------------|
| Egyptian Building*  | Cabaniss Hall (1928)               |
| Virginia Hospital   | St Philip Hall (1931)              |
| Memorial Hospital   | Library (1932)                     |
| McGuire Hall**      | Heating Plant and Laundry (1937)   |
| St. Philip Hospital | Hunton Hall (1938)                 |
| Dooley Hospital     | Morgue and Autopsy Facility (1939) |
|                     | A. D. Williams Memorial Clinic     |
| (*Remodeled and     | (1938)                             |
| restored in 1939.)  | MCV Hospital (1940)                |
| (**4th story added, | Buildings and Grounds Quarters     |
| 1940.)              | (1950)                             |
|                     | Randolph-Minor Hall (1952)         |
|                     | Wood Memorial (1953)               |
|                     | McGuire Hall Annex (1955)          |
|                     | Ennion G. Williams Hospital (joint |
|                     | project with State Health Depart-  |
|                     | ment, almost completed)            |

Besides the new buildings constructed, the college acquired by purchase: the Social Center building, Bowe House, Samuel Putney House, Stephen Putney House, Frances Helen Zeigler House, Brown-Sequard Laboratories, Sir Moses Montefiore building, Afro-American Baptist Church building, and others.

Plans are now under way for the new dormitory and apartment project for students. It is expected this will be completed some time in 1957.



#### 44. AN AFFECTIONATE TRIBUTE

This tribute appeared in *The Medicovan*, May, 1956, just prior to my retirement:

"*Who is Sylvia?*"—She's the wife of our president.

"*What is She?*"—She's the quiet loveliness behind his success.

SYLVIA BURNS SANGER in the thirty years of the president's tenure at MCV has consistently kept in the background and shunned publicity. But in her quiet way she has contributed not only to the prestige of our president but to the happiness of all of us at MCV . . . flowers from her garden for those who were ill . . . small garments fashioned by her own hands for the babies of faculty wives . . . friendly calls on wives of new faculty members who might be lonely and a little lost in a strange environment . . . a steadfast stand-by when death struck in our homes . . . all of the human touches that the full days of the president did not allow time for.

As secretary to the president for over twenty years, it was my good fortune to know Sylvia Sanger well. Never in all of those years did she call the office unless it was important . . . never in all of those years did she send "social" letters to the office to be done . . . never in all of those years did she fail in sympathy when the going was rough.

When President Sanger retires on July 1, we shall be thinking not only of his magnificent contributions but also of her gentle, human ones.

THELMA VAINÉ HOKE, *Editor*

#### 45. RETIREMENT DINNER

*JUNE 29, 1956*

A few days before I formally turned over the administration of College affairs to Dr. R. Blackwell Smith, Jr., friends and associates at MCV generously provided a program with



dinner at the Commonwealth Club. Mr. Buford Scott, chairman of our Board of Visitors, presided. The occasion was festive, all of us (104) in evening dress. On hand were members of our Board of Visitors, leading faculty members of all schools, and honored guests—Attorney General and Mrs. J. Lindsay Almond, State Budget Director J. H. Bradford, State Personnel Director Harris H. Hart, former members of our Board of Visitors, and Julian Sanger, our son.

After the delightful repast and picture taking, Mr. Samuel M. Bemiss, president of the MCV Foundation, greeted the gathering and read comments on my thirty-one years at MCV:

Aristotle suggested as an inscription for Plato's tomb; "Non licit vulgaribus laudare." His thought was that an ordinary man is not qualified to judge the life and work of a great one. Mindful of the appropriateness of that dictum, I shall simply call to your attention a few quite obvious developments which have enriched your lives and leave it to you, my masters, to do the praising.

Thirty-one years ago a dedicated man from the mountains of Virginia came to our struggling, impoverished Medical College. By his own confession he was born equal to the rest of us, in that at birth he was endowed with twenty-four hours in every day. I can multiply that twenty-four hours by three hundred and sixty-five days by thirty-one years and suggest to you a measure of that God-given endowment which he has lavished on us. I can relate facts to show how, with that endowed wealth, he has enriched our State and our Southland. It is a thrilling story; it is a success story. Its repetition is not necessary and hardly appropriate here. I simply bid you to behold the handiwork of that man. I bid you to be mindful that your College has become one of the very great scientific schools of the land, that its research work attracts world attention, and that its influence for human health and happiness extends to every home. I bid you to



remember the great teachers and the generous citizens who have constituted the Medical College team, and, I might add, who inspired a great quarterback.

I affirm without fear of disproof that Doctor Sanger has not grown old. He may have reached statutory retirement, an arbitrary point in his life's progress. He may be relieved from the detailed administration of affairs at the College, which relief he has certainly earned. He will be succeeded by his own able boy—educated here, trained here, inspired here. He will go to a new position of greater usefulness, created by our Board of Visitors with the approval of the Governor of Virginia and the Legislature. He will adorn that position with all of his vital energy and the majesty of his experience—God bless him.

Mr. Eppa Hunton IV chairman of the executive committee of our Board of Visitors, was then introduced, and reviewed my work at the College. During the presentation of gifts, rare silver, Dr. R. Blackwell Smith, Jr., president-elect, assisted. Mr. Hunton's paper is quoted in full:

It is my happy privilege, inadequate as I am for the task entrusted to me, to express on behalf of the present members of the Board of Visitors and our predecessors and our successors our overwhelming obligation and gratitude to Doctor Sanger for his magnificent administration and the contribution which he has made to education in medicine and the related health services, not only in Richmond and Virginia but throughout our country.

A recent headline in the Richmond paper was "MCV's Worth Rose Under Doctor Sanger." The article dealt with the growth in material wealth, in area, in buildings, and in endowment. But it ignored the growth that has taken place in the thirty-one years of Doctor Sanger's leadership in those intangibles that count far more in an educational institution than the



physical facilities. When he came to the College in 1925, every member of its clinical faculty was on a part-time basis and most of them devoted and unpaid volunteers. He realized that the College could no longer even maintain its position, much less progress, unless it promptly added to its faculty outstanding men whose ability would be universally recognized. How well did he choose! His choices were, as professor of medicine, Dr. William Branch Porter, whose illness has brought such sorrow to all of us, his friends, and as professor of surgery, the greatly beloved Dr. Isaac A. Bigger. Around this triumvirate the Medical College of Virginia has grown to be the great institution it is today.

The function of the Board of Visitors is, as you know, similar to that of a board of directors of a corporation, except that it is responsible to the people of Virginia rather than to stockholders. Our Board, composed as it is and has been of busy men active in the professions and business, must of necessity rely on the president in great measure for guidance in administrative matters and recommendations in matters of policy. Around some institutions and their boards, fierce storms have beaten, but thanks to the wise guidance of Doctor Sanger, the Board of the Medical College of Virginia has escaped such storms. He has truly made easy the way for us. Doctor Sanger, the Board of Visitors desires to express to you their deep appreciation for all that you have done for the Medical College of Virginia and to give to you and Mrs. Sanger this token of their respect, admiration, and affection for you on the occasion of your retirement as president. But I am reminded of the custom of giving presents to newborn babies to welcome them in this world, and so instead of this silver being presented to you as the retiring president, I prefer that it be a gift of welcome to our "Baby Chancellor," the first ever born at the



Medical College of Virginia. May you live long and prosper, and may God bless you!

A sterling silver baby rattle, tied with blue ribbon, was among the silver.

The following is a telegram which was sent to the toastmaster of the dinner in my honor by Dr. Harvie Branscomb, chancellor of Vanderbilt University, Nashville, Tennessee, June 29, 1956:

May I add to this celebration a word of appreciation for Doctor Sanger's service as consultant to many hospitals and medical schools over the country. The debt of Nashville to him is very great. He guided the reorganization of Hubbard Hospital at Meharry and has been of inestimable assistance in the reorganization and strengthening of the Vanderbilt Hospital. Expert, sagacious, kindly, modest, and economical, he is a national asset and doesn't belong to Richmond alone. We all join in praising him.

Quoted here are lines from a letter from Chancellor Robert Burton House, The University of North Carolina:

. . . Of course, your distinguished record of scholarship, leadership, and service is identified with the State of Virginia, but like so many other eminent Virginians, your abilities and services pass beyond the confines of a single commonwealth. North Carolina is deeply indebted to you, and I just want to say so. I do not think our Division of Health Affairs would be anything like the success it is today without your wise counsel and guidance. I send you my cordial appreciation.

Then, those present were given an opportunity to make brief comments. There was competition, it seemed, as to who could say the nicest things about me and my thirty-one years at MCV.



After the superb gift of silver had been presented to Sylvia and me, much handshaking followed with many good wishes for the future. Many examined the baby rattle presented by Mr. Hunton to the "Baby Chancellor." The dinner had moved to a memorable emotional climax.

On Sunday, July 1, 1956, *The Richmond Times-Dispatch* offered an editorial review of my incumbency (See Addendum, VI).

#### 46. MY SUCCESSOR

In anticipation of my retirement in 1956, the Board of Visitors authorized search for a new executive. This search finally narrowed to the selection of my associate, the assistant president, Dr. R. Blackwell Smith, Jr.

Doctor Smith, a graduate of our school of pharmacy, had obtained the doctorate in pharmacology at the University of Chicago, after he had completed earlier graduate work at the University of Florida.

After World War II, Doctor Smith had come back to us as dean of the school of pharmacy. He was a recognized consultant in several fields, one of them, bread additives. Because of this special competence, he was called to head a commission on this subject in Geneva, Switzerland.

In my message to alumni (*The Scarab*, August, 1956) this request was made: "It will be most gratifying to me if our far-flung alumni will give to Dr. R. Blackwell Smith, Jr., our new MCV president, the same courteous and effective support given to me during the past thirty-one years. He is exceptionally well prepared and experienced to actively head our great institution. How fortunate we are!"

#### 47. BOARD RESOLUTION, 1959

When the time approached for my retirement as chancellor of the College (June 30, 1959), our Board of Visitors adopted an extended resolution, written by Mr. Samuel M. Bemiss, I



think. This referred to the sound development of the Medical College of Virginia during the past thirty-three years; to dedicated services and exceptional achievements; to the fruits of labors involved, as evidenced in the physical plant; to the calibre of instruction and research; and to the quality of hospital services; the resolution also referred to widespread recognition of the high standing of the institution.

The resolution also provided that I be made chancellor emeritus and educational consultant with compensation (See Addendum, VII).







### III. IN APPRECIATION

#### 48. BOARD OF VISITORS

Any close view of the remarkable dedication, competence, and willingness of our Board of Visitors gives me a feeling of inadequacy to express my deep gratitude for their remarkable work. Notwithstanding, I, and others, attempted to do our best to make our Board members feel that they were not taken for granted.

In looking over the files of the magazine of the College, the *Medicovan*, I found the following statement in the June, 1956, issue; important in itself, it also demonstrates my custom of writing monthly statements on various subjects for the *Medicovan*:

#### *INDISPENSABLE, LITTLE-SEEN HANDS*

Artists, poets, and the rest of us failed to do justice to the role of mother, and a day annually dedicated to her was set apart. We should similarly have an occasion now and then for expressing our indebtedness to the members of our Board of Visitors for their devotion, for their understanding, for their unflagging interest, for their hard work, and for the long hours which they have given in attending five full Board meetings and six or more executive committee meetings a year.



There is no adequate way to convey to others the measure and value of our Board members and their singleness of purpose. They adopt certain policies for our guidance, approve many appointments, hear many reports, advise on important matters, pass on budgets and biennial budget requests made to the Governor and to the General Assembly, authorize construction and various business actions, control investments, and much more.

In addition to hearing from Board-appointed committees, the Board at each meeting hears from the president; the comptroller; the director of the Hospital Division; the deans of the four major schools; the chairman of the graduate study committee; and on occasion from the president of the Alumni Association; and from the heads of the operating departments, such as buildings and grounds, purchasing, personnel, *et cetera*.

Our Board is indispensable; yet the work of its members can't be known to all of us because of its nature. The members of our Board are the little-seen hands. To each Board member, I want to express our warmest, united thanks, though feeble by comparison with what is merited. To each Board member, we continue to be grateful for fine work; that their work makes our work possible we gladly acknowledge.

#### 49. EXECUTIVE OFFICERS AND ASSISTANTS OF THE COLLEGE

My story would fall short inexcusably if I did not recognize faithful administrative associates, at least briefly as a group. For reference, all chief executive officers are listed. Note that the first dean of my administration was Dr. Manfred Call.

|                             |                 |
|-----------------------------|-----------------|
| Dr. Augustus L. Warner..... | Dean, 1838-1847 |
| Dr. Socrates Maupin.....    | Dean, 1847-1853 |



|                                 |                      |
|---------------------------------|----------------------|
| Dr. David H. Tucker.....        | Dean, 1853-1856      |
| Dr. Levin S. Joynes.....        | Dean, 1856-1871      |
| Dr. James B. McCaw.....         | Dean, 1871-1883      |
| Dr. Martin L. James.....        | Dean, 1883-1886      |
| Dr. J. S. Dorsey Cullen.....    | Dean, 1886-1893      |
| Dr. Christopher Tompkins.....   | Dean, 1893-1913      |
| Dr. Samuel C. Mitchell.....     | President, 1913-1914 |
| Dr. Stuart McGuire.....         | Dean, 1913-1919      |
| Dr. Stuart McGuire.....         | President, 1919-1925 |
| Dr. William T. Sanger.....      | President, 1925-1956 |
| Dr. R. Blackwell Smith, Jr..... | President, 1956-1969 |

*Deans, School of Medicine*

|                             |                        |
|-----------------------------|------------------------|
| Dr. Alfred L. Gray.....     | Dean, 1913-1920        |
| Dr. E. C. L. Miller.....    | Dean, 1920-1922        |
| Dr. Manfred Call.....       | Dean, 1922-1929        |
| Dr. Lee E. Sutton, Jr.....  | Dean, 1929-1942        |
| Dr. Jacques P. Gray.....    | Dean, 1942-1946        |
| Interim Committee.....      | 1946-1947              |
| Dr. Harvey B. Haag.....     | Dean, 1947-1951        |
| Dr. John B. Truslow.....    | Dean, 1951-1956        |
| Dr. Erling S. Hegre.....    | Acting Dean, 1956-1957 |
| Dr. William F. Maloney..... | Dean, 1957-1963        |
| Dr. Kinloch Nelson.....     | Dean, 1963-1971        |

Dr. Manfred Call resigned as dean of the school of medicine after seven years in office (1922-1929). Although he worked as an administrator only part time and engaged in heavy practice as an internist, he was a pillar of support to the new administration; he was never too busy to slip away to special meetings and was always ready to advise with great wisdom. His repeated emphasis was that medical education needed expert educational leadership; and he was kind enough to indicate, at times, that, as far as our institution was concerned, he was expecting me to give this leadership without stint. Personally I owe much to Doctor Call, from whom I learned a good deal.

Dr. Lee E. Sutton, Jr., a Virginian and Harvard graduate, well prepared by study at home and abroad in pediatrics, was



called from Boston to be professor of pediatrics and dean of the medical school succeeding Dr. Manfred Call. He went about his work with vigor and in time improved the instruction of students and developed the residency in pediatrics, for which training there was much competition.

In the dean's office, Doctor Sutton sought to raise the standards of admission and to obtain more effective instruction throughout the school. His quiet way generally was effective, but his talents sometimes went unrecognized. After he gave up the deanship in 1942, he continued to head the department of pediatrics most effectively and was greatly esteemed by his staff.

Dean Gray came to us from the Public Health Service in Michigan. He was recommended by several of our own students who had had field work with him. It was sometimes said that the students selected him, and he worked well with them. Mrs. Sanger and I met the Grays at the railway station, and they stayed in our home while looking the College over and visiting our people.

Doctor Gray taught public health, which was a weak area of study at MCV at that time. But, his big effort was to keep things going when we were losing staff right and left and were graduating medical classes every nine months. We had no other choice; winning the war came first. It was during this period that physical medicine and rehabilitation became strong at MCV; I well remember Doctor Gray's constructive interest. We were greatly surprised when Doctor Gray announced that he was leaving for the University of Oklahoma for better pay, if I recall correctly.

The interim committee was drafted on short notice to fill an administrative gap in the school of medicine, and it did a splendid job for the years 1946-1947.

Dr. Harvey B. Haag, distinguished professor of pharmacology, who was very popular with the students and the staff, literally was drafted for his term of four years in the dean's office. After the war, increased work in the dean's office was handled smoothly. The dean was widely known and esteemed by alumni. However, he yearned for full-time work in the class-



room and laboratory; therefore we set about looking for a new dean.

After considerable search for a dean, I talked to Dr. John B. Truslow in New York and invited him and his wife to Richmond to look us over. After extended negotiation, he accepted the deanship and spent five years with us. He was helpful in solving many problems. We were then, as often before, in need of a substantial increase in funds for both operation and facilities. Our requisites included an adequate medical education building, which was discussed before I retired. However, construction only began during Dr. R. Blackwell Smith's administration.

### *DEANS, SCHOOL OF DENTISTRY*

|                                   |                 |
|-----------------------------------|-----------------|
| Dr. Robert Dunsmore Thornton..... | Dean, 1925-1929 |
| Dr. Harry Bear.....               | Dean, 1929-1950 |
| Dr. Harry Lyons.....              | Dean, 1950-1970 |

Dean Thornton, a Canadian and a member of our faculty, gave full time, for a change, to the deanship. He faced realistically the problems of small enrollment, limited faculty, and meager facilities for the addition of students and staff. We needed a new start. How well I remember the many discussions! Remarkable changes took place during the next administration.

When Dean Bear came to the office, we needed his serene, steady, farseeing guidance in dental education. Our potential was waiting for his driving force. During his eleven years as dean, he laid the groundwork for important developments under Dean Lyons. Dean Bear's early death (1959) delayed the accomplishment of the projects which he had conceived. However, he did complete many objectives.

Dean Lyons, soon after his appointment, demonstrated unusual strength and dedication towards improving dental education. I confided to him one day my growing concern that now was the time to realize the latent potential inherent in dental research and education; although we might not in the next few years excel the medical schools of the Ivy League, we could have



the leading dental school in the United States, perhaps in the world; and he was the man to do it. He has accomplished his mission to a high degree and has won many personal honors in the field of dental education. He retired as dean on June 30, 1970. His retirement was premature since he still has much physical and mental strength to contribute to the welfare of the school.

It was under Doctor Lyons that our two superior new dental buildings were completed, the first, the Wood Memorial Building, the west wing, under two separate contracts (completed 1953 and 1960). The second dental building, the east wing, was dedicated in 1970 and formally named the Harry Lyons Building in 1971, a most fitting tribute to Doctor Lyons.

### *DEANS, SCHOOL OF PHARMACY*

|                                 |                     |
|---------------------------------|---------------------|
| Dr. Wortley F. Rudd.....        | Dean, 1920-1947     |
| Dr. R. Blackwell Smith, Jr..... | Dean, 1947-1956     |
| Dr. Warren E. Weaver.....       | Dean, July 1, 1956- |

Dean Rudd was one of the most ardent, deeply committed members of the College family. His thinking spanned all phases of our work. I have heard Dr. Stuart McGuire say, "I like little Rudd." Others said that he should limit his interest to pharmacy. At any rate, he was a strong man although he was a man of small stature. Sometimes our philosophies clashed, but we reconciled our differences through the years. He was widely missed when he retired.

The deanship gave Doctor Smith his first important administrative experience. He came to us widely known among pharmacologists and in the drug industry. He also had an excellent academic and practical background. Dean Rudd said of him, "He will make a good president of MCV." However, the deanship was more than a stepping-stone for his professional career. He strengthened the school at every opportunity and made a worthy record.

I can claim no credit for the appointment of Dean Weaver, but I should like to. He impressed me favorably from the be-



gining. He has solid views; he gives detailed answers to questions; and he demonstrates a spirit of cooperation. The school of pharmacy continues in good executive hands.

### *DEANS, SCHOOL OF NURSING*

Miss Elizabeth C. Reitz, R.N.....Dean, 1925-1929

Miss Frances Helen Zeigler, R.N., B.S.  
Dean, 1929-1938

Miss E. Louise Grant, R.N., B.A., M.A.  
Dean, 1939-1946

Miss Sybil MacLean, R.N., A.B., M.A.  
Dean, 1947-1957

Miss Doris B. Yingling, R.N., B.S., M.A., Ed.D.  
Dean, 1958-

Miss Reitz was the first in nursing to carry the title of dean. She also directed nursing service at Memorial, Dooley, and St. Philip hospitals. At that time we had two schools of nursing—St. Philip and the Medical College, both hospital schools and both in need of development.

The question raised at times was; why did I give so much time to nursing and nursing education? I gave the time because nursing education was needed. Dean Zeigler saw our potential and recognized an opportunity to give nursing new status with the medical profession, with other schools of the College, and with the public. She was dedicated, capable, and persuasive. She did so well that one day I woke up to the fact that she was being taken for granted and told her so. Her reply was, "I have been thinking so, too." Dean Zeigler would often come to our home, at times with several faculty members, to pay a social visit and also to discuss problems which faced her and the schools. Later when she was working elsewhere, she returned for all too short visits.

Dean Grant carried well the torch that Miss Zeigler had passed on to her. After we opened MCV Hospital (January, 1941), the double load of dean and the director of the nursing



service became so difficult that a director of nursing service was finally appointed. This appointment I strongly opposed, and I still believe that there are more advantages in the functions being united than in education and service being separated. For the unification of the functions to succeed, there must, of course, be an effective organization.

Dean MacLean, much against her will, was selected from our faculty. She preferred to teach rather than to administer. However, her tenure in office was marked by many advances in preparation for the rapid growth and development under Dean Yingling, whose work falls in President Smith's administration. I was chairman of the selection committee that recommended her.

The list of executive officers shows that the College was headed by a dean from 1838 to 1913, when the first president was appointed. Doctor Mitchell served only one year. Dr. Stuart McGuire took over as dean for six years, and then served as president for six years. During my administration as president, we began to have additional deans and directors.

Furthermore, during my administration I worked with fourteen deans, each different, but all worthy of the title. One of them did have the annoying tendency to talk to Board members about some matters instead of first talking to the president.

The role of secretaries in an executive career is too important to slight. If they are able, they take on administrative functions and aid any appointed executive. One is fortunate if he can think of secretaries as associates, working hand in hand with him in many commendable ways. I brought to the College (1925) from the State Board of Education Miss Elsie Mae Ware. She was succeeded by Miss Thelma Vaine Hoke (1932), who served for more than twenty years. Then in 1952, she was made head of our information office. She was responsible for getting out College bulletins, catalogs, the *Medicovan*, and routine releases to the press.

Practically all of my secretaries earned high ratings, and I regret that they cannot be characterized individually. As for Miss Hoke, she had many commendable qualities—deep personal loyalty, executive competence, and superior knowledge of



English. She was skillful in handling visitors, in protecting me at appropriate times, and in assisting in constructive and unusual ways. I always felt when I was away from the institution that she would know how to approach our various administrators and even our Board, if necessary, with problems. Also she was popular with alumni. Graduates still inquire about her when I meet them from time to time. I owe much to Miss Hoke. Until we had grown considerably as an institution, Miss Hoke was the only secretary in my office. In later years there were necessary additions.

### *MY THANKS TO ALL*

I have made it a special point to thank people; perhaps I have overdone it, but I feel those who helped should be thanked. The hospital volunteer teaching staff was not sufficiently thanked, I am sure. MCV owes much to this group, and here I wish to stress this obligation again. I regret that many who should read this are no longer with us.

I do not refer here to the fine development of the school of allied health professions and school of hospital administration under Dr. Thomas C. Barker; these developments occurred during the presidency of Dr. Robert Blackwell Smith, Jr.







## IV. COMMUNITY ACTIVITIES

### 50. *COMMUNITY ACTIVITIES*

When I came to MCV in 1925, our institution, though old in years, had not fully cultivated a working relationship either with the Richmond community or with the State as a whole. There were natural reasons for this situation; no one on the staff was available to carry the civic torch and to identify himself, to the extent expected, with the community.

In no time, I found myself participating in many organizations, some representing the voluntary health field, some purely social and civic, and a few religious. Once, in the office of Governor Peery, I complained about so much community work. His curt reply was, "You might as well do it as anybody else." I did not pursue the subject any further at that time.

While it is time consuming, I am convinced of the need of bringing an institution like ours before the public by staff participation in community affairs. I always felt gratified when staff members accepted community responsibilities. The Medical College of Virginia belongs to Virginia and to the nation. Why should it not give itself to every possible need of the people of the Commonwealth? To be worthy recipients, we ought to be active contributors.

### 51. *STATE NUTRITION PROGRAM*

Early in World War II, food became scarce; consequently it was rationed and was expensive. I agreed to accept the chair-



manship of a State nutrition committee on condition that a prime goal of the committee would be to develop a good program with sufficient funds to hire several nutritionists for State travel. The General Education Board of New York came to our rescue, and we hired two, one white and one Negro. These were assigned to the outpatient clinic of the Medical College of Virginia, as visitors to homes, as leaders of discussion groups, and as promoters of food conservation and nutrition throughout the State.

A two-day program sponsored by the Norfolk Office of Civil Defense was put on by our committee (January 20-21, 1942) as one phase of our work. There were two programs daily, featuring speeches by health leaders, by leaders of the food industry, by members of the VPI extension staff, and the like. The meeting was held in the VEPCO auditorium and was well attended by representatives from communities throughout the State.

After the efforts of our committee, the College was able to hire a full-time nutritionist for the outpatient clinic, and this arrangement continues to this day.

## 52. *APPEAL OF THE PHYSICALLY HANDICAPPED*

My family many times has asked why I gave so much time to the National Society and the Virginia Society of Crippled Children and Adults. After I had attended a meeting of the National Society for Crippled Children in New York, I was inspired to promote the goals of the Societies for seventeen years. My interest developed naturally from association with the wonderful people who gave themselves to this cause. I benefited from my observation of their efforts to improve rehabilitation facilities; from the realization of the value of research for both researchers and handicapped; and, finally, from the knowledge of how the handicapped aided both researchers and doctors by increasing the professional staff's sense of responsibility and of compassion.



My seventeen years as a member of the Board of Trustees of the National Society for Crippled Children, contemporaneous with sixteen as a member of its executive committee, were most rewarding, although my duties required much time and travel. During 1952-1953, I was president of the National Society—to me a high privilege. In 1954, I was chosen president emeritus, with *ex officio* duties and membership on the executive committee as well as these same offices on the Board of Trustees from 1965 to the present date. Finally, I was the first to receive the gold medal of the Society.

The Easter Seal Research Foundation, set up within the structure of the national organization, was launched in October, 1956, and commissioned to outline a solid program of appropriate research. As its chairman for the first two years and as board member for five years, I had a rare opportunity to help my colleagues find young research talent, who awaited “seed money” with which to open new doors and to establish themselves in basic bone research. In review, it appeared that the million dollars set aside in small sums by local and State Easter Seal societies and made available to the Research Foundation has been profitably spent over the past dozen years or so.

In August, 1968, the International Division of Physiological Sciences concluded its twenty-fourth congress in Washington with a symposium on bone research, which research was previously sponsored by the Easter Seal Research Foundation. This was called the “William T. Sanger Symposium on the Physiology of the Skeletal System.” Digests of the papers were presented in one appropriate bulletin, *Bone Research Today*, published by the National Easter Seal Research Foundation, 2023 Ogden Avenue, Chicago, Illinois, with second printing, 1969.

As Board member, as president, and as president emeritus of the Virginia Society for Crippled Children, I had many duties, but my contributions to the State society were limited by pressures from the national organization. These demands included a trip as delegate to a meeting in Rome (1954), where Doctor Salk announced his thrilling work on polio. Later that summer, I had to attend a session of the International Society for Cripples, now the International Society of Rehabilitation, at Schev-



eningen, Holland, where the world was represented by remarkable people. They even remained to the end of the last session when my paper was on the program, "Our New Attitude Toward the Crippled." I shall never forget that most unusual audience. They were on tiptoe with interest from the first moments of this convention to its close.

It has annoyed me greatly that primarily because of arthritis I could not continue active in both the National Easter Seal Society and Virginia Easter Seal Society. My doctors have virtually banned long trips from home unless to meet emergencies.

### 53. *SPEECH MAKING*

I have often wondered why college presidents are called upon so often for public appearances, for dedication of buildings, for community celebrations, for high school and college commencements, and for important community events. Being nearsighted, I did not find it possible to read written speeches. Instead, I have had to speak from notes, and I have even had to memorize speeches. I find in my files six heavily-laden folders with speech outlines. The frequency of my public appearances required some sort of discipline. While traveling over Virginia with family or friends, I often point to a school building, a church, or another institution and remark, "I spoke there once." Some of these speeches were made in remote communities.

The different reactions of urban and rural audiences to speeches are revealing. When I gave the same speech to different audiences, country folk, years ago, seemed more restrained, less likely to applaud or to laugh aloud, than their city neighbors. Discussion after the close of the speech made it clear that members of the rural audience felt deeply but gave less applause and outward approval. In congratulating me as speaker on one occasion, a farmer said, "It was wonderful. One of your jokes almost made me laugh."

Comparison of audience responses to speakers can best be made during a promotional campaign—for example, for better



high schools in the State. One speaking trip is here reported. Captain Frank T. West, superintendent of Louisa County Public Schools, once bemoaned the situation in the high school of the town of Louisa. He said that morale was low; attendance, poor; instruction, commonplace. I asked a few questions and then took a C & O train to Louisa. Superintendent West was on the platform when the train pulled in.

After a delightful supper in a charming home, we drove to the high school in his T-Model Ford. The audience was larger than expected. When I was duly introduced by the superintendent, I commended the people of the county for their modern school building, for the full complement of teachers, and for their new principal. Then I made a statement detailing what constituted a superior school, and I emphasized in closing the great importance of community support of program, of teachers, and of principal. I stressed that change in personnel was not the answer to difficulties in the schools. I advocated the resolution of differences by means of a verbal give-and-take between the representatives of the school and of the community.

I tried to show that if a new principal were hired every year or so, the continuity of program and traditions was an impossibility. Then I walked to the edge of the stage and looked down on a large group of women just below me and said, "Changing principals almost every year doesn't solve problems; it creates them for the school—a situation not unlike what would happen to the home if the women of the community got new husbands every year." The emotional outburst was so long that I could say little more. For some reason, not just the one given, that high school settled down and in a few years merited the praise of Superintendent West.

In the addendum are reprints of two addresses, one made at the Medical College of Virginia 1956 Commencement and the other presented by request of Dr. Fred C. Zapffe. I virtually committed the commencement talk to memory and made it at the request of our Board, since this was to be my last commencement as president. (Commencement Address of May 29, 1956, Addendum, VIII). During the mid-forties, criticism of medical school curricula was widely prevalent, and Dr. Fred C. Zapffe,



secretary of the Association of American Medical Colleges, asked me to prepare a paper on "What an Educator Thinks the Ideal Medical Curriculum Should Be." For this paper, Dr. Archer W. Hurd, director of educational research at MCV, joined in the work. His chief duty was to run down the library references on medical school curricula. A reprint of this paper presented at the fifty-sixth annual meeting of the Association of American Medical Colleges, held in Pittsburgh, Pennsylvania, October 29-31, 1945, is Addendum, IX.

Doctor Hurd also read this paper at the Pittsburgh meeting of the Association of the American Medical Colleges, October, 1945. It was well received and has been discussed fairly widely since its Pittsburgh presentation.

Calls to speak outside my specialty were not uncommon. My hobby of Colonial Virginia affairs led a friend in Richmond, who was president of the American Society of Landscape Architects, to invite me to speak at its annual dinner meeting in Williamsburg, 1938, on "The Cultural, Recreational, and Other Interests of Our Forebears." I was amused because during my stay for the convention program I occupied the elaborate bridal suite. At the close of the convention, I hurried back to Richmond and duly reported to Mrs. Sanger my residence there.

#### *54. PRESIDENTS' COUNCIL, VIRGINIA INSTITUTIONS OF HIGHER EDUCATION*

For a number of years, presidents of the Virginia State-supported colleges and the president of the University of Virginia, met occasionally in our Board room to discuss pressing problems, such as organization, programs, and finances. These meetings first began when our General Assembly was convening and the State budget was being considered. Methods of approach and emphasis were discussed in detail. At times, we representatives appeared together before appropriation committees or joint committees of the Legislature. Later on we elected officers, appointed study committees, and began to meet quarterly.



When the financial pinch at the institutions became greater and greater, a series of special meetings were scheduled in our larger Virginia communities. To these, alumni and leading citizens were invited. Each of the presidents or his representative spoke on the financial situation at his school. This effort to clarify the financial situation at State-supported colleges was challenged by some of the newspapers as an overemphasis on higher education. One or both of the Richmond newspapers wrote editorials opposing us. Some of our leaders resented the opposition.

While I served a term as president of the group, I gave a great deal of attention to the question of how Virginia ranked comparatively with other states in the support and in the development of higher education. Our method for the study of medical education was to compare our annual expenditures for equipment and salaries—two important budget items—with the same items of other institutions willing to furnish these data.

## 55. *ASSOCIATION OF VIRGINIA COLLEGES*

Publication (1954) of the history of the Association of Virginia Colleges by Dr. T. McNider Simpson, Randolph-Macon College, put all concerned with higher education in Virginia under continuing obligation to him for his remarkable labor of love. How he was able when he was ill to put together so many diverse items is noteworthy.

When I was asked to write the "Foreword" of Doctor Simpson's important work, I proceeded to read avidly his manuscript. It was gratifying to see that Mr. James R. McCauley, MCV secretary-treasurer, had represented the College at the meeting creating the Association in Richmond (1915). Over the years since then, MCV has sought to identify itself with Virginia's total educational interests.

At the second meeting of the Association (1916) at the University of Virginia, I represented Bridgewater College. I still recall something of the thrill of rubbing elbows with other



college folks. At thirty years of age, I was seeking with some vigor new horizons.

Every page of Doctor Simpson's history offers opportunities to remember the names, personalities, and contributions of representatives of our Virginia campuses. In 1970, I have outlived many of them, but I have pleasant memories.

In 1927-1928 and again in 1948-1949, I was president of the Association. I was always eager to get the routine and special work of the Association done promptly and well. That may account for the fact that I served two terms in office, being the only member who served twice in this position. Thus, the aspiration of MCV to be a part of Virginia's educational interests was attained again. In my opinion, the Association and its many productive members merit high praise; they were superb.

## 56. *UNIVERSITY CENTER CONCEPT IN PRACTICE*

Even before I moved to Richmond, I realized that the colleges in the states along the Atlantic seaboard were small, widely scattered, isolated, and relatively poor; and most of them had been established by religious denominations with the aim of training ministers and of exposing students to studies of the Bible and to the influence of the church.

The founding of a number of local State colleges had been required to accommodate the youth of remote farming areas. The proliferation of these schools and their proximity to farming areas offered the local youth an opportunity to acquire a higher education while continuing and completing their farm duties.

It became ever clearer that our struggling colleges would never have the resources necessary to change, from a curriculum featuring Latin and Greek, history, philosophy, and a limited amount of natural science, to one better geared to the new day of science and technology. The scarcity of well-trained teachers, of library resources, and of money was prevalent; cloister-like



isolation and self-satisfaction were also handicaps. How then was the curriculum to be restructured and implemented without some special help from off the campus? I had spoken at several colleges along these lines; each time my enthusiasm increased as a solution of the problems appeared more likely.

When the Rockefeller Foundation made a large grant for a university center in Atlanta to include Agnes Scott College, Emory University, Atlanta University (Negro), and Georgia Institute of Technology, I was eager to study this center as a model for a similar setup in the Richmond area; and I sought more detailed information. I talked to Mr. Jackson Davis, southern representative of the General Education Board of the Rockefeller Foundation, and then to Dr. Douglas S. Freeman, editor of the *Richmond News Leader*, member of the Board of the University of Richmond, and well-known biographer-historian. He was also a member of the Rockefeller Foundation Board.

Since I was becoming more and more excited about the possibilities of a center, I began to talk to the college presidents of the Richmond area. Most interested among these was Dr. J. Earl Moreland, who had been appointed president of Randolph-Macon College in 1939. Since he had been a participant in an earlier drive to effect cooperation in Nashville, where he had been on the staff at Scarritt College, he was now truly enthusiastic about interinstitutional cooperation. We had a number of conversations about setting up a university center in the Richmond area.

At a luncheon meeting, which I arranged at the Medical College of Virginia, we reviewed the possibilities for a university center. Present for the luncheon were Presidents Boatwright, University of Richmond; Gammon, Hampden-Sydney; Lacy, Union Theological Seminary and General Assembly's Training School; Moreland, Randolph-Macon; Darden, University of Virginia; and a dean from William and Mary. All those who were present were interested, although Doctor Boatwright had reservations.

We were offered \$5,000 by the General Education Board to finance a trip to four centers where interinstitutional cooperation was beginning. This money was sent to MCV, and I was



asked to buy railway tickets and to pay all bills during our circuit. We visited Cornell University, the University of Toronto, Nashville and Atlanta. This jaunt cost \$3500, and the balance of \$1500 was returned to the General Education Board.

For the trip each of the cooperating institutions of the Richmond area was allowed one board member, its president, and a dean or faculty member. The travelers included representatives of Hampden-Sydney College, General Assembly's Training School (now Presbyterian School of Christian Education), Randolph-Macon College, Union Theological Seminary, University of Richmond, University of Virginia, The College of William and Mary, Richmond Professional Institute, and the Medical College of Virginia.

In the evening, we left Richmond for New York. The next day we were briefed on the Cornell method of operation. This university center includes the State of New York Agricultural College and School of Veterinary Sciences and a privately endowed university with a medical college in New York City. Yet, for these diverse institutions there is only one board and general administration. At the special dinner for us, we asked more questions about the Cornell program, before we returned to our sleeping car. The next morning we were on the Cornell campus for awhile; then we went to Toronto with a stop at Niagara Falls. In Toronto our hotel, the Royal York, was across the street from the railway station and was reached by an underground passage. But, alas, when I asked at the registration desk for our rooms, we were told the house was booked to capacity. With some hitches, we got the provost of the University of Toronto and then his secretary. Both individuals seemed vague about my having asked for hotel reservations for our party. Finally, each of us was assigned hotel space in sample rooms and elsewhere. My face was red, long after the kidding had ended.

The trip was made the more pleasant by our having a sleeping car to ourselves. Here much discussion on topics new and old prevailed—the university concept, admission requirements, classroom size, coeducation, research, and the like. Many problems were solved en route. Another singular arrangement was



the suggestion of our Richmond R. F. & P. Railway office that we pay for tickets on our return home. I carried the big ticket and paid our bills by check where it was possible.

The next day we learned how Toronto University, which was supported by the Province of Ontario, was operated. There was a central university surrounded by the buildings of a large group of colleges (some church related) and a Catholic university. These institutions depended upon the central university for science courses since only a few of these courses were given elsewhere. At that time, any student outside the central university could take science courses without payment of extra fees. The fringe, cooperating colleges support the provincial budget, including the appropriation requested by the University of Toronto, when the Parliament of Ontario is considering it. We noted a trend toward the development of special strengths in the programs of the fringe colleges. For example, one of these colleges had acquired an outstanding library of medieval manuscripts.

After spending two nights and more than a day in Toronto, we were en route to Nashville, Tennessee. Here, the cooperating institutions had built a superb central library to serve Vanderbilt University, Scarritt College, Peabody College for Teachers, and the Conservatory of Music. There were special arrangements also whereby a student in one of the four schools might take courses in any one of the others. After we had had a cordial reception and had obtained the answers to our many questions, we visited Atlanta University, Emory University, Georgia Institute of Technology, and Agnes Scott College. The use of the union library catalog and an agreement for the exchange of teachers were the two most outstanding features of this university center. Furthermore, the students of one institution could take selected courses in other units of the center.

Atlanta University, comprised of a group of Negro colleges, each with its own administration, virtually had a compact single campus which offered an opportunity for cooperation. Despite the natural advantage for the development of a consortium, there was, as of 1969, no central administration for Atlanta University. The fact that Atlanta University did not



take advantage of its natural physical setup shows how institutionalism can restrict cooperation.

Both the negative and positive findings of our trip were and have continued to be most helpful. The Atlanta Center had received a grant for support from the Rockefeller Foundation, and we had hoped for similar help. On the afternoon of the day we were to board our sleeper for Richmond, I, as tour leader, was presented a handsome book by J. Frazer Smith, A.I.A., *The White Pillars*. This book describes the early life and architecture of the lower Mississippi Valley. When this gift book was being inscribed before presentation, no one of the group present could spell *odyssey*. Then Dr. Ben Holtzclaw, a former teacher of Greek, was called in to do the spelling. We laughed and joked that Greek was a dead language, even among academic folks. However, I was not asked if I could spell the elusive *odyssey*. When we returned home, the unanimity of opinion revealed the fact that a carefully planned tour, such as the one we had just taken, helps to inform and influence educators. All representatives from the participating schools—William and Mary, University of Richmond, Randolph-Macon, Union Theological Seminary, Assembly's Training School (now the School of Religious Education), Medical College of Virginia, Hampden-Sydney, and the University of Virginia—endorsed cooperation among the colleges and universities.

There were many subsequent discussions, one of them at the home of Dr. Douglas S. Freeman, at which representatives of the General Education Board (New York) were present. The most extreme suggestion was to move Hampden-Sydney and Randolph-Macon to the campus of the University of Richmond. This probably would have been a mistake, even if funds had been available. President Gammon of Hampden-Sydney afterwards continued to call some of the Richmonders "James River Pirates," referring to me with a chuckle as "chief pirate."

At one of our discussion meetings (late fall of 1945), we considered the selection of our first director of the Center. Dr. J. Earl Moreland indicated that in his judgment Dr. George M. Modlin was ideally suited for this position. In answer to this suggestion, Doctor Boatwright replied that he would like to have



a few weeks to consider. Then, in early 1946, it was announced that Doctor Modlin had been elected president of the University of Richmond.

The record of the first meeting of the executive committee of the Center on October 3, 1946, shows these present: Presidents Sanger, Modlin, Moreland, Lacy, and Gammon, and Dean Umbeck, representing President Pomfret of The College of William and Mary, and George B. Zehmer of the University of Virginia, part-time administrator of the Center until November 18, 1947.

Dr. Sidney S. Negus, professor of biochemistry at MCV, served as part-time administrator (November 18, 1947) until Colonel Herbert W. K. Fitzroy took office as full-time administrator (September 15, 1948) and served until his death, October 12, 1967. Dr. J. Earl Moreland served as part-time administrator until June 1, 1968, when Mr. W. Donald Rhinesmith became president of the Center. As our work grew, the title of the full-time executive head of the Center was changed from administrator to president; Colonel Fitzroy was the first to have that title.

Colonel Fitzroy, a bachelor with an unusual chuckle, *was* the University Center. Able to call upon capable friends and even upon organizations, he promoted the Center in various ways. Fortunately, our administrators have proved creative and generally effective, each in his own special way.

A proposal, which I endorsed, provided for each of the institutions involved to select one or more departments for outstanding specialization and development with students permitted to transfer to such courses when desiring to do so, but this proposal soon was a forgotten possibility. However, there was an exchange of professors. For example, Dr. L. L. Copperthwaite, who taught speech at the University of Richmond six hours a week, gave six hours instruction at Randolph-Macon College and three hours at Union Theological Seminary. Later Dr. Robert W. Kirkpatrick, who is now professor of speech and director of radio and television at Union Theological Seminary, followed Doctor Copperthwaite. Then Professor Jon Longaker taught speech and grammar at the Center institutions and later joined



the Randolph-Macon faculty. Dr. Kyotsu Hori served the University Center as professor of oriental language and culture for the academic years 1968-1969, 1969-1970, and 1970-1971, teaching courses in Japanese language, civilization, and history at Randolph-Macon College, University of Richmond, and Virginia Commonwealth University. (Randolph-Macon participated in this program for the first two years only.)

Research grants and a system of subsidization for the publication of books were also sought. Avenues of cooperation were explored. For example, the University Center instituted a day session for all the English faculty members of the cooperating schools. This session allowed individuals to become acquainted and to compare ideas on daily class work. When the teachers of courses in economics and business administration met at our headquarters, certain business leaders of Richmond met with them.

Of all the cooperative programs, perhaps the visiting scholars program was the most successful and continues to this day. These scholars, mostly from outside Virginia, are selected about a year in advance; they are paid to give one or more lectures and discussions at chosen institutions. The University Center sees that they reach their destination on time. In place of bringing musicians and musical groups to our colleges, a fine arts studio was made available in Paris for faculty members and other interested persons.

For several years, a discussion took place concerning the establishment of a centrally located library catalog, similar to the one at Emory University. A professional survey of our collections indicated that the establishment of such a catalog was unwise. Among other reasons, our colleges were thought to be too close to the national libraries in Washington to justify central listing of all the library books in Virginia. The idea of storing little-used books from all our institutions in a central, heated, warehouse type of facility, which would require a small staff, is a good one. This storage in such a facility would significantly diminish the need for construction.

An organization and staff were required to carry out the policies agreed upon by the representatives of the institutions



involved. At first, our organization was known as Richmond Area University Center. Now it is the University Center in Virginia since most Virginia colleges and universities share in the program. Ex-Governor Colgate W. Darden, then president of the University of Virginia, was chosen as the first general chairman of the Center. In recognition (I presume) for the unusual amount of time I had given to urging the university concept, I was made chairman of the council and executive committee of the Center from September, 1946, until my retirement as president of MCV in 1956. After 1956, I became chairman emeritus.

The first grant to the Center was a check for \$150,000 from the General Education Board. This presentation marked the beginning of fund raising. After the value of the program had been demonstrated, the cooperating institutions gave their financial support. At one time, Mr. Jackson Davis thought we might expect a large grant from the General Education Board; this prospect never materialized on account of his untimely death.

A particularly fruitful study conducted by the Center was the one on graduate work in the Richmond area. This study was completed by Dr. Joseph C. Robert and his staff, working under a committee headed by Dr. James A. Jones, Jr., president of Union Theological Seminary. This survey showed our great need for a more comprehensive graduate studies program.

I am gratified to note that our Virginia cooperative program has attracted national attention. Various aspects of this plan have been adopted elsewhere. Doctor Moreland and I, as well as others, spoke frequently on behalf of it. The interstate cooperative program fostered by the Southern Regional Education Board in Atlanta, Georgia, has also served as a model.

## 57. *CENTRAL RICHMOND ASSOCIATION*

It became increasingly evident during and after World War II that the area spreading out from the State Capitol was slowly



deteriorating; there was little new construction to replace the cheap housing north of Broad Street and from the general Capitol area west to Jefferson Street and south to the James.

Representatives of such interests as department stores, hotels, banks, office buildings, and the College began to worry and to discuss the situation. Mr. William B. Thalhimer, Sr., was especially vocal and urged the president of MCV and others to act.

A self-appointed committee began to meet at lunch at the Richmond Hotel and several times at MCV to review the situation. What were other cities *doing or not doing* to curb deterioration of the central city? Reports on visits to Atlanta, Pittsburgh, Detroit, and elsewhere emboldened the group to act. Action was further stimulated by the failure of an apartment house project on South Third Street to materialize, chiefly because of lack of a building site. A survey of potential renters working at department stores, at banks, and at MCV had shown the need for central-city housing.

Local leaders were not in full agreement on what was to be done to "hold the line" in central Richmond. However, at a luncheon meeting of a large group at the Richmond Hotel, it was voted to charter an organization, to be known as Central Richmond Association with offices in the Central National Bank Building and with a part-time or full-time executive secretary. On April 21, 1951, I took office as president of the Association for two years. At that time members and friends began to be solicited. The impressive "Central Richmond" skyline demonstrates the Association's success. The Central Richmond Association always seems to get results.

## 58. *SMALLER COMMUNITY HOSPITALS*

At the meeting of the Southern Medical Association, Baltimore, Maryland (November 24-26, 1947), I presented a paper on "The Role of Smaller Community Hospitals in Medical Education." This paper was read for me by Dr. Harvey B. Haag, then dean of our medical school, and it provoked considerable



discussion. Doctor Haag reported at the end of the discussion of my paper that \$15,000 a year would probably adequately finance a small "out-reach" community program. Later I was invited to report on our experience with small community hospitals at several other important meetings, one at Rochester, New York, where a different kind of hospital-related program was underway, and another in Washington, when I was serving as a member of President Truman's committee on the cost of medical care.

Prior to this, MCV had been experimenting with a program of cooperation with four community hospitals in Farmville, Fredericksburg, the Eastern Shore of Virginia, and Franklin. The College sent, on a rotating basis, interns who had volunteered for the program for two or three months' service to the outlying hospitals. Staff members were sent to the cooperating hospitals, on the basis of about one trip a month to check with our interns, the administrators, and leading staff members of the cooperating hospitals. They inquired how the program was going, whether the students had adequate learning opportunities, and whether they were useful to the hospitals. When our staff members arrived on monthly hospital visits, they were consulted on generally a number of problem cases. This whole program was stimulating to all the participants and created considerable enthusiasm. Financial support was received from the Commonwealth Fund and from the Kellogg Foundation.

When our interns returned from the outlying hospitals to which they had been assigned, most of them indicated that the experience fully justified the time given. Their experience led them to make such remarks as: "I didn't know that small hospitals could offer such good practice opportunities," or "I would be glad to practice in a community like the one in which I spent the past three months."

Local community hospitals of quality, whether they are near to or far from medical centers, are rapidly coming to be indispensable for teaching family medicine to medical students and residents. The big centers are now too specialized to meet all preparatory requirements for the new specialty of family medicine.







## V. PERSONAL ACTIVITIES

### 59. *A NEW HOME, 1934*

Most people would agree that in a lifetime each of us is entitled to at least one piece of good luck. The home we have been living in for the past thirty-five years is our good luck.

The following information gives the steps we took to erect our authentic Tidewater Virginia, early eighteenth-century dwelling. This house was 105 feet long and 20 feet deep, having a library wing to the rear. It was located on several acres of land. We spent two years in the planning, almost one year in the construction, and finally on July 11, 1934, we settled in our new home.

Our house is constructed of the finest quality old material. We kept detailed records concerning the source of old materials and the many suppliers and subcontractors employed. In addition, our notes concerning miscellaneous points of the construction and listings of the acquired furnishings today comprise a handwritten book.

Why did we decide on an early eighteenth century design? How well does our structural design compare with that of contemporary domestic architecture? When we Sangers came to Richmond (1921) and eastern Virginia, we sought to know the area and especially its old houses by reading books and taking trips. As a result of this interest, we studied information about and made visits to areas in other states. We pored over books on homes and gardens and developed a lantern slide collection, which we used in speaking to women's and garden clubs.



After Mr. A. Gary Lambert of Baskervill and Lambert, Architects, Richmond, left for a job with the Williamsburg Restoration, he and Mr. A. Edward Kendrew associated privately to help us plan our new house. Perry, Shaw and Hepburn of Boston were the Restoration architects at that time, and Mr. Kendrew was a resident of Williamsburg, a member of their staff. After the first big restoration phase, Mr. Kendrew continued with the Rockefeller group as leader of the architecture section of the Restoration and from that position he only recently retired. He served for many years as an active member and also chairman of the Virginia State Art Commission.

Our proposed house would probably have been Georgian, but Mr. Lambert's work on the Restoration staff influenced us to choose another style. He and Mr. Kendrew were enthusiastic about the Restoration program and, as participants in this unique project, had access to Restoration research, discussion, and planning. We made rather frequent and rewarding visits to Williamsburg to view developments and to hear new ideas. Mr. Lambert did not long continue his Williamsburg tour of duty. His article with pictures on the Sanger house appeared in the *Architectural Record*, May, 1938, pages 105-109.

In the intervening years, we have continued to be pleased with our choice of architects and the results of our study and work. The Williamsburg restoration evoked some of the spirit of the Renaissance of the Middle Ages, and those who labored there were able to awaken this spirit. We Sangers were the beneficiaries. During the thirty-five years in which we have lived in this house, we have thought of few, if any, changes that we would make if we were building again. It is good to be satisfied with the results of our work. The house and grounds have provided an ideal place for the entertainment of students, faculty, friends, and, at times, visitors to the College. It is always pleasant to hear a graduate say he was a guest at our home while a student at MCV.

Through the years, we have acquired appropriate pieces of furniture for our house. Shortly after we occupied the house, the faculty of MCV gave us a large sofa for our living room.



It would be difficult and very expensive today to duplicate the present furnishings.

A well-known Richmond banker once said that he had thought we were crazy when he saw us building such a large house during the depression. I told him we had thought the same thing before we had finished the job and had sold our house on Kensington Avenue. Our property has turned out to be our best investment in the course of thirty-five years.

The brief account of our construction experience outlined in our records has been both interesting and useful to us. We have referred to it often to check the accuracy of our recollections of the basic construction. We wish that the early owners of the surviving homes along our tidal rivers had kept similar records.

I have long thought that when a house of consequence is built it should be marked (after the custom of painters). This would show by whom it was built, the date of its completion, the architects, and the owner. We have such a plaque on our residence.

## 60. *AND SOME HOBBIES*

Hobbies can tell much about a man's life—both his hobbies at home and at work. It is natural for a child to want to collect things. My first collections included color picture cards that came in packages of coffee and others that were given out by drug stores as advertisements. I also received small picture cards for Sunday school attendance and for memorization of verses of Scripture. One of my silly collections was tobacco tags that came on plug tobacco; these featured American Indian chiefs. We boys competed to see who could get the most of these. Each boy watched the customers at the tobacco counter and hoped to be given a tag.

I liked animals; I owned pigeons, rabbits, cats, dogs, white rats, and fish. I also enjoyed fishing, ice skating, swimming, horseback riding, and sleighing.



One of my early interests was raising flowers in the greenhouse, a hobby of my mother and older sister. One day a visitor admired a healthy-looking begonia and said he would like to buy it. Fortunately, it was my begonia; and when the man put a quarter in my hand in payment, I was sure I would be a florist.

When I was a young college teacher, I started collecting a few items of old furniture. After I was married, the acquisition of furniture occupied much of Sylvia's and my leisure. Our extensive travel enabled us to purchase many items of interest. Sylvia and I have spent many long, happy hours scraping, sandpapering, finishing, and waxing furniture.

On account of our interest in old furniture, we began to study old homes and gardens with the aid of a large collection of books. Then we visited many of the houses. At times, I have spoken before women's clubs, garden clubs, and other groups, telling the stories of homes and gardens in our State and in other states.

When I, as an adult, took up flower raising as a hobby, I tried to learn everything about each flower I cultivated—its history and its necessary environment.

After I had cultivated seventy-five varieties of lilacs, I turned to the growing of peonies and accumulated one hundred and seventy-five varieties. My objective was, of course, to have superior flowers, but I also wished to develop a certain degree of expertise. The horticultural books said that Virginia was not a good area for peonies, that their natural habitat is the northern part of the country having limestone soil. I set out to prove by different methods of cultivation that they could be grown in Virginia as well as anywhere else, and I did! Some evidence of my success can be found in the horticultural journals.

We also studied the use of fertilizers—both organic and inorganic—on different types of soil; and we studied the use of compost. In the mid-forties, we took to farming and stock raising on one hundred and thirty-six acres located in Bath County, Virginia, in a mountain valley of extraordinary charm. Then we bought and pored over agricultural and farm journals and books on farming, on cattle and sheep raising, and on fence building.



Floriculture is dependent on precise procedures to obtain successful results. For example, the cultivation of the camellia japonica, easily grown in the Richmond area and other places in Virginia, requires the following steps: (1) select a fresh green-stemmed plant, showing evidence of growth; (2) pick a site for planting protected from early morning sun and cold winds along the north side of a building or under filtered sunlight; (3) dig a hole twice as wide and deep as the root-ball of the plant; (4) fill the hole with one-half wet peat moss or rich compost and one-half good top soil, make the soil partly sandy, mix and tamp it, and leave the top of the root-ball an inch or two above the surrounding area; (5) water thoroughly and keep plant moist, especially when buds are setting and the plant is blooming; (6) mulch with two inches of pine tags or chipped pine bark; (7) plant in spring or fall, preferably the latter and set six to ten feet apart; (8) fertilize with regular camellia mix following directions and prune to shape plants and admit sunlight.

Here are some miscellaneous tips on the cultivation of plants. Japonicas that bloom in the fall do poorly out of doors. The blooms are dependent on new wood or growth. Indoor plants do best in greenhouses or an enclosed porch and require a temperature of thirty-two to fifty degrees, a moist atmosphere, and an occasional fine spray of water. Foliar feeding is helpful for all plants but directions must be followed. Cold weather tends to darken the color of blooms and to cause bud-drop. Buds may fall off when indoor plants are too wet or when the buds are too numerous. Remember that more camellias and azaleas die from being planted too deeply than from any other cause. Also peonies, boxwood, shrubs, and many trees suffer from too deep planting; they are smothered.

What do hobbies do for us? They give relaxation, diversion, honest-to-goodness fun, and much pleasure to some members of our family and to visitors. It is a sad day when a man's wife does not participate in her husband's hobbies. If boring work can be turned into a hobby, one may discover that new zest has been added to life.







## VI. HONORS, AWARDS, AND PUBLICATIONS

### 61. HONORS AND AWARDS

I have included this section on my honors and awards in order to show my appreciation for them. Admittedly, I have had more than my share of citations and awards from local and national organizations and from MCV itself. Twenty-one of these have been framed and my secretaries have hung them in my office. The eight honorary degrees were never displayed; therefore I have listed them here.

#### *Honorary Degrees:*

- 1926—Doctor of Laws, Hampden-Sydney College
- 1939—Doctor of Humane Letters, Bridgewater College
- 1939—Doctor of Laws, University of Richmond
- 1950—Doctor of Laws, University of North Carolina
- 1953—Doctor of Laws, The College of William and Mary
- 1953—Doctor of Science, University of Florida
- 1956—Doctor of Laws, Virginia Union University
- 1957—Doctor of Civil Law, Medical College of Virginia

In 1955, the American Legion of the State of Virginia surprised me when it invited me to attend its annual convention at Virginia Beach, because I had had few contacts with the American Legion, although I recognized its national strength



and leadership. Former Governor John S. Battle, dressed in Legion uniform, presented me with a citation and a medal.

Another award came from the Virginia Chamber of Commerce (April 17, 1952). This distinguished service award, given to only one person annually, had been presented to Senator Harry F. Byrd the year before. He was the principal speaker at the time this award was presented to me.

Major honors and awards, with dates, and other items:

*Honors:*

Twenty-fifth Anniversary Celebration as President, Medical College of Virginia, April 27, 1950.

Virginia State Chamber of Commerce Distinguished Service Award, 1952.

National Society for Crippled Children and Adults Certificate, 1952.

President Emeritus—National Society for Crippled Children and Adults, 1954.

Distinguished Service Award, Alpha Beta Chapter, Phi Delta Kappa, University of Virginia, 1954.

The American Legion Distinguished Service Award, 1955.

Virginia Academy of Science Distinguished Service Award, 1956.

The Virginia Hospital Association Distinguished Service Award, 1956.

Virginia Council on Health and Medical Care Distinguished Service to Health Award, 1956.

Award of Merit, American Cancer Society, Virginia Division, 1959.

Distinguished Service Award, National Society for Crippled Children and Adults, 1959.

Citation for Meritorious Service, The President's Committee on Employment of the Physically Handicapped, 1960.

Board memberships and local and national offices which I have held have been omitted.



*Publications:*

- "Can Student Failures Be Reduced?"—*Southern Medical Journal*, 31: 930-932 (August, 1938).
- "Physical Therapy in Education and Research," *Archives of Physical Therapy*, 22: 581-583 (October, 1941).
- "The Virginias and Medical Education," Guest Editorial—*Virginia Medical Monthly*, 70: 173-174 (April, 1943).
- "Medical Education Plans," Guest Editorial—*West Virginia Medical Journal*, 39: No. 7 (July, 1943).
- "Making Nurse Education Dynamic," *American Journal of Nursing*, 45: 472-476 (June, 1945).
- "Nursing Education and Service," Guest Editorial—*Virginia Medical Monthly*, 72: 273-275 (July, 1945).
- "The Non-Professional Nurse Is Inevitable," *Southern Hospitals*, 13: 27-28 (August, 1945).
- "What the Educator Thinks the Ideal Medical Curriculum Should Be" (with Dr. A. W. Hurd), *Journal of the Association American Medical Colleges*, 21: 9-18 (January, 1946).
- "The Role of the Small Community Hospital in Medical Education," *Southern Medical Journal*, 41: No. 7, 624-626 (1948).
- "Virginia Council on Health and Medical Care," *Public Health Reports*, 67: No. 5, 437-438 (May, 1952).
- "Medical Research in the South Grows Apace," *Southern Medical Journal*, 45: No. 1, 60-63 (1952).
- "They Are People Too," *Family Service Highlights*, 16: No. 8, 123-125 (October, 1953).
- "A Psychiatric Institute for Virginia—Now," *Mental Health in Virginia*, (Winter, 1956).
- "Conclusions from Visiting Centers for Emotionally Disturbed Children," *ibid*, (Autumn, 1957).
- "Psychiatric Beds in General Hospitals," *ibid*, (Summer, 1958).



"History of Medical Education in the U. S.," *Colliers Encyclopedia* (1961).

Others.

*Consultant and Surveys:*

- 1945—Medical and Related Education, South Carolina.
- 1945—Medical and Related Education, Mississippi.
- 1946—Survey of Freedman's Hospital, Washington, D.C.
- 1947—Medical and Related Education, Florida.
- 1947—Medical Education Needs, North Carolina.
- 1947-48—Medical Education Needs, Maryland.
- 1951—Huntington as a Site for West Virginia's Medical School.
- 1952—Proposed Medical School, University of Florida.
- 1952—Metropolitan Planning Commission, Atlanta, Georgia.
- 1954—Education for Health Service in Mississippi.
- 1954—Program for Health Service Development, Montgomery, West Virginia, Area.
- 1957—Education in Medicine and Nursing in Michigan, Staff Study, No. 3.
- 1960—Health and Hospital Needs of Nashville, Tennessee.
- 1960—Hospital Needs and Planning—Virginia Beach, Manassas, Winchester, Danville, et cetera.
- 1960—A number of the hospital studies in Virginia and other states.

The *Richmond Times-Dispatch* (December 31, 1939) presented its Virginia Honor Roll of 1939; I was included. Two pages were given to photographs and biographical material. I knew personally, or had met, those given praise on the Honor Roll. One of these I wish to mention, Miss Orie Latham Hatcher. She was the untiring spirit and leader of the Southern Women's Educational Alliance, originally founded to promote higher education for women.



Through Miss Hatcher, I was able to meet many important people. She had a great way of convincing and organizing her friends to assist in the work so dear to her heart. She had the ability to persuade and to inspire each individual to believe that he was the best person for the job.







## VII. THE RETIREMENT YEARS

### 62. *RETIREMENT YEARS*

In the latter part of 1954, Sylvia, Julian, and I went to Europe for our second trip. Some of our experiences were included in the chapter on "The Appeal of The Physically Handicapped."

Between 1954-1956, I devoted much time to introducing Dr. R. Blackwell Smith, Jr., assistant to the president, to the administrative affairs and problems of the College. It was during this two-year period that the search for a new president was made. After various candidates had been considered, Doctor Smith was selected. In 1956, MCV made me chancellor and paid me a salary of \$10,000 a year, over a period of three years. During this time, since my office and Doctor Smith's were on the eighth floor of the A. D. Williams Memorial Clinic, I could serve in an advisory capacity.

Later I was appointed to the building committee for the new medical education building; but I soon requested that I be relieved of my duties on this committee, because I felt that it was in the best interests of the College for Doctor Smith to be given total control of its affairs. I thought my role as chancellor was to support the new president both by giving pertinent advice and by serving as interpreter of administrative policies to the alumni throughout the State and elsewhere.

After I had to retire as chancellor in accordance with State retirement regulations, I became chancellor emeritus and an education consultant under a service contract with a salary of



\$3,600 a year. The College provided office space and secretarial help. I deeply appreciated these considerations by the College since MCV and its development have meant so much to me. I have greatly appreciated also the privilege of being allowed to attend various administrative meetings. Up to the time our MCV Board was merged with the new Commonwealth University Board, I had seldom missed a meeting.

Beginning in 1959, when it became known that I was "really retiring," I began to be asked by old friends to act as educational or hospital consultant for them. First, during 1959, I did considerable work for the American Legion Hospital for Crippled Children in St. Petersburg, Florida. A little later, I participated in a study made for the State of Michigan to determine whether there was need for a third State-supported medical school and what further could be done to develop nursing education in that State. For more than three years, I made an average of eleven trips a year to Vanderbilt University, Nashville, Tennessee, to assist the hospital administration and the hospital committee of the Board of Trust in modernizing the hospital and in making a study of the status of the school of nursing. Working with the Vanderbilt University authorities, the chancellor, the committee of the Board of Trust, the hospital administrator, and various members of the staff during these several years was a most rewarding experience, one of the most outstanding of my career. I treasure the appreciative resolution of the Board of Trust.

Since my retirement I have enjoyed being associated with Mr. Walter L. Beale of Norfolk, Virginia, in developing for and with communities new hospitals in Virginia and in several other states. Our work has included hospital management surveys, studies to determine the needs of community hospitals, and the best ways to meet these needs. We were constantly impressed with the dedication and hard work of the boards and the staffs. Hospital consultation work is likely to be strenuous, since it means dealing with architects on one hand and with board and staffs on the other. Making field studies to determine the feasibility of a new community hospital program and documenting



our findings have been a continuing feature of our work. Mr. Beale has been an invaluable associate.

My duties as consultant have made the College more widely known and understood and have given me the opportunity to work with alumni in a variety of capacities. Moreover, these duties did not interfere with my job at the College.

### 63. *APRIL 10, 1970*

This was the day Dr. Edmund D. Pellegrino, vice president for Health Sciences and director of the center at the State University of New York at Stony Brook, was to deliver the sixth annual Sanger Lecture, endowed by the late Dr. Harvey B. Haag. I had indicated to Dr. John Andrako, chairman of the program committee, that twelve o'clock on April tenth would be convenient for my family. Doctor Pellegrino was to speak on human values in medicine at the Monumental Church on the MCV campus.

A week before the lecture I learned that all living MCV Board members, some old and close friends, and faculty members had been invited to be present at the unveiling of a plaque, which marked the dedication of the medical education building as Sanger Hall.

When Mrs. Sanger and I arrived a half hour before the exercises, 11:30 a.m., a number of old friends were already there, and the crowd was increasing rapidly. I was surprised to see Mr. Buford Scott, chairman of the MCV Foundation Board, who was there in a wheel chair. Since this was his first day away from home following extensive surgery, I was touched by his interest and friendship. Since I did not have time to take notes, I hesitate to try to mention all the friends whom I saw. But Dr. Warren Brandt, president of VCU, and Mrs. Brandt made us happy by being present.

We were soon seated; Colonel John H. Heil, Jr., acting provost, presided. After appropriate remarks by Colonel Heil and a prayer of dedication by Dr. Glenn Pratt, the chaplain of



the College, Mr. Eppa Hunton IV rector of the new Virginia Commonwealth University Board of Visitors and member of the old MCV Board for many years, outlined my contributions to the development of the College during my thirty-one years as president (1925-1956) and during my years as chancellor and chancellor emeritus. Both he and Colonel Heil paid deserved tribute to the role which Mrs. Sanger has played in College affairs. Sylvia, although she was deeply moved, managed to unveil the plaque. Prolonged applause and handshaking followed. Mr. Scott, from his wheel chair, had asked Colonel Heil to read the plaque "for those of us who can't read." Everyone laughed. I wished that I had had more time to talk with old friends before Doctor Pellegrino's address.

The occasion was truly unforgettable. That night TV, channel 6, showed Sylvia, Doctor Pellegrino and myself examining the plaque. A few weeks later *House Talk*, the publication of the National Easter Seal Society, featured the picture of the unveiling of the dedication plaque and made appropriate remarks.

#### 64. *ALUMNI BANQUET, JUNE 6, 1970*

Commencement exercises were held on June 6, 1970, at the Mosque, at 4:00 p.m. Our nine schools gave diplomas to 437, the largest number of students ever to graduate. The sight of the long lines of students and faculty entering the Mosque was impressive. Our own distinguished alumnus, Dr. Robert Q. Marston, director of National Institutes of Health, was the speaker. President Brandt conferred degrees for the first time with finesse and dispatch.

After an introduction by the deans of the nine classes, each graduate walked across the stage and received his diploma and a handshake from the president. I thought how really wonderful it was to see 437 young people about to enter health services. I felt that the ceremony would have been inspiring to all the citizens of Virginia, had they seen it. It is my hope that the



personal touch will always remain a part of each graduation.

Since we were slowed down at the conclusion of the exercises by a thunderstorm, we were late to the alumni social hour, but we were on time for the banquet. Sylvia and I were most warmly received by graduates of the last fifty years and also by local friends.

After dinner, Dr. Custis L. Coleman, president of the Alumni Association, announced that the Board of the Association had accepted the offer of my memoirs for publication and sale. This announcement was greeted with applause. Afterwards I asked the audience to write me their reactions to the memoirs. I indicated that these reactions would form the nucleus for a story for Minnie Franck's publication, *The Scarab*.







## VIII. OBSERVATIONS

### 65. *ASPIRATIONS NOT REALIZED*

It was my habit to plan projects, even though I realized their completion might be difficult or impossible to achieve. I think it is advisable to discuss here some of these undertakings which were never completed, because the thought behind such projects demonstrates the striving for improvement.

Shortly after the Egyptain Building had been remodeled and the auditorium had been named for his father, Mr. Bernard Baruch was urged to visit the College and inspect the building. My son and I met Mr. Baruch and his brother, Dr. Herman Baruch, at the airport. Our first stop was the Egyptian Building, where he had an opportunity to see the remodeling, to view the hieroglyphics, and to chat about a few of the problems involved in reconstruction. Meanwhile, Mr. Baruch's brother showed a keen interest in the embellishments of the building. After a few minutes, Mr. Baruch seemed a little restless and asked, "What next?" Thereupon, we went to my office on the eighth floor of the clinic building and talked about my dream to build a comprehensive Baruch Center for rehabilitation and research. There were to be two buildings situated at the northwest corner of Twelfth and Marshall Streets. One was to be a research unit; the other, a hospital uniquely designed for the rehabilitation of patients. This hospital would be so constructed that every floor would have a deck or porch running entirely around the building. Patient rooms would open directly on the porch and its corridors. The most modern equipment would be available to a specially competent staff of therapists. Further-



more, I showed Mr. Baruch the architects' drawings for the buildings, which were to occupy the entire block surrounded by Eleventh and Twelfth Streets, Marshall and Clay Streets. We even had calculated the cost of construction and the cost of the land. He asked how we were going to finance the purchase of the land. I answered that the General Assembly of Virginia might provide the funds. Mr. Baruch said he would think the matter over. After World War II, the Institute for Physical Medicine and Rehabilitation was built in New York instead of in Richmond.

Another dream that never came true was the construction of a continuation education building, centrally located on our MCV campus if possible. My colleagues and I decided to ask our architects to draw plans for a building containing two auditoriums, a group of conference rooms, a dining room, and rooms for those attending and participating in continuation programs. The cost of the building and its furnishings was estimated in 1944 to be \$300,000. We chose and purchased a site between the rear of Hunton Hall and Ruffner School. However, the foundation that had shown some interest in the project withdrew its support. This was quite a disappointment to all of us. Later architects' drawings were turned over to our department of buildings and grounds as a "souvenir of disappointment."

We had hopes of improving the appearance of the area in front of St. Philip Hospital, Dooley Hospital, and the Egyptian Building. We considered lowering the grade between St. Philip Hospital and the Egyptian Building in order to create a level space for landscaping. We attempted to raise funds for this project through the West Virginia alumni chapter. Unfortunately, this area, which was to be known as "The West Virginia Court," was never created. Despite a diligent grounds committee, it never seemed possible to have all landscaped areas of the campus given proper maintenance on account of continuing vandalism, which involved the destruction and theft of plants and trees.

A variety of factors, after World War II, thwarted my hopes of instituting a new medical school curriculum. I wrote a paper on this subject which is Addendum, IX.



Another disappointment of my administration was failure to develop a close tie-in between our Hospital Division and the Richmond Eye Hospital. This, let us hope, will someday come to pass.

The difficulty of acquiring land in the vicinity of the College was a gnawing problem. Our attempt to obtain land by slum clearance in conjunction with the City never got beyond the planning stages.

When the need for housing became more pressing, I conceived the idea of moving several old Richmond homes, with their owners' consent, to a three to six block area north of Leigh Street in order to make way for new construction. Even a picture, called "The Village", was drawn with this plan in mind. However, I was never able to make any progress on this undertaking. (See Addendum, X for my ideas on architectural preservation.)

Early in my career at MCV, several faculty members and myself developed the idea of establishing a research institute. This institute would provide money and facilities for members of our continuing departments to work on important projects. The nucleus of the staff would be recruited from the ranks of retired medical scientists. The idea was abandoned when increased funds for research purposes became available to teaching departments only.

My desire to provide interested students with a place to view medical art and medical art collections led me to hope that an exhibit hall might be constructed over the main library reading room. Although this hall was not constructed during my administration, there is a distinct chance that it will be included in the 1970 plans to triple the size of the MCV library.

## 66. *A SCORECARD FOR ADMINISTRATORS*

Asked to document comments on the characteristics of a good administrator, I prepared the following material. The fifteen items enable the interested administrator to rate himself.



Underlying these suggestions, the basic personal qualities are assumed to be present: industry, loyalty, optimism, imagination, integrity, courtesy, intelligence, enthusiasm, and a warm personality.

Here are the suggestions, arranged in a check list, which might help an administrator to judge his own performance:

1. The effective administrator knows how, when, and what to delegate to others, but reserves for himself certain special routine matters.
2. He is flexible enough to change his mind on the basis of new data and new thinking so as to adjust to changing times and different people.
3. He knows how and what to share with others to make them feel an essential part of the organization.
4. He knows how and when to get advice.
5. He gives credit freely to others.
6. He speaks in positive terms; he leaves unsaid the things that might hurt and never help.
7. He gets things done quickly.
8. He is pleasant even under difficult circumstances.
9. He thanks others and does so without delay.
10. He criticizes individuals in private in order not to embarrass them.
11. He answers his mail promptly.
12. He assumes that the other person is right as a starting point for the discussion of a problem.
13. He prepares carefully for board meetings and conferences with colleagues and others.
14. He places the least controversial items on the agenda first to save time.
15. He speaks briefly and to the point.

## 67. *THOUGHTS ON FUND RAISING*

Some friends still laugh at me when I say it is easy to raise money. In my experience the difficulty was in defining briefly the



project for which funds were sought and in having a good selling slant. I found it helpful to be acquainted with the interests of prospective donors, whether they be foundations or individuals.

Foundations have announced programs that they will finance under certain conditions, subject to change and based on their experience. Individual philanthropists and liberal contributors often have special interests. Both, however, are many times responsive to a new and effective appeal.

In seeking funds from individuals, I frequently utilized the methods of a detective. I gleaned valuable information from official records, conversations, and even casual comments. Sometimes I have traveled hundreds of miles to see projects financed by prospective donors and to learn there the means which had been employed to obtain the funds.

Board members, friendly lawyers, and myself often persuaded individuals to make provision for MCV in their wills. I wish that I could have spent more time in presenting to prospective contributors this means of financially benefiting the College. Certain alumni *can* and *will* help to interest donors. One of our graduates was accustomed to say to a wealthy patient: "When you make your will, don't forget the Medical College of Virginia."

Making contacts with possible donors is another concern. Wide participation in community affairs helps to broaden acquaintanceship and offers opportunities to discuss College affairs and needs with many. Fund raising should be on a personal and continuing basis. For example, one of our medical graduates used to say to a rich friend, "Don't forget my alma mater in Richmond." Finally, one day this friend asked what was most needed in Richmond. After brief negotiations, he gave us a large check.

We invited representatives of foundations and leading citizens to our campus in order to enable them to understand our background and to gain confidence in our integrity and in our future. We also entertained members of the General Assembly, members of the Richmond City government, and members of civic and church organizations for the purpose of getting their financial help. Social gatherings with local officials and citizens



allowed us to state our position on various matters and to strengthen our rapport with the members of the community which we served. Typical of such meetings, according to the notation in my diary for February 12, 1953, was the luncheon to which MCV invited members of the Richmond City Council. At this luncheon, the problems of financing the hospitalization of city patients and an outpatient clinic were discussed.

I would like to emphasize the importance of bequests from alumni. To encourage such bequests, MCV should establish some method of recognition of alumni donors. This might be done by aluminum name plates attached to the panels in the corridors of the major teaching buildings or by a "Great Book of Giving" with the names of donors listed.

#### 68. *OBSERVATIONS ON AGING*

I have had a continuing interest in the aging process, since I wrote my doctoral dissertation on senescence. Of course, the views expressed in my treatise were largely theoretical. They were based on library resources of the time and on personal observations. To make these, I visited and talked with individuals living in a home for the aged. This was an attractive, well-operated home. I was cordially received because visitors were welcome. My mission was to test some important conclusions on aging which were found in the books and journals available from 1912 to 1915.

It is almost trite to say that the time to prepare for contented, fruitful retirement is before the age of thirty-five. By then an individual has hobbies which will enrich his later life. As for me, a second career, hobbies, community interests, and chores at home in Richmond and on the Bath County farm have kept me more than occupied. Of course, happiness is dependent upon good health.

It is my contention that a man's social and vocational horizons narrow in later years. At the peak of his vigor, nothing reasonable is too difficult. However, there comes a time in a



man's long life when most things seem too taxing for him to undertake.

In my case, I find that my social horizons have narrowed. I still like people and the whirl of life, but I am more satisfied to stay at home, even alone. Events which take place at night hold little appeal for me now. I try now to convince myself that poor eyesight and the inability to drive prevent me from attending such events. In reality, it takes less energy to stay at home than to go out.

Since I exercise less, my appetite has decreased. Although I still read a great deal, I usually put off reading a long book. Moreover, even though I read at least three daily newspapers, I have mastered the art of omission. I continue to enjoy living at our farm in the summer, but I find that I am less annoyed at having to return to Richmond than I used to be. Very cold weather is a nuisance; yet Florida does not call loud enough. I say that I can get in a car all right, but I do have trouble getting my arthritis in.

Although the human senses lose acuity with time, I find that my sense of smell and my sense of taste are still keen. Moreover, my eyesight with the aid of contact lenses has improved. My sense of touch also continues to be acute; I can even identify my suits in a poor light.

Unless I am quite fatigued, I feel that my mental processes are as good as ever. However, my memory occasionally plays tricks on me. I sometimes say "Just give me time to fish in my memory pond, and I'll tell you." At times, however, my memory surprises me with its sharpness. In part, I plan at night what I shall do the next day, although I can easily remember without a worklist, if the occasion is sufficiently important. Absent-mindedness or inattention seems to explain the reason for my using the wrong proper name or saying the water is "cold" when I mean that it is "warm."

Old age often gives an individual an excuse for reducing his work load, and institutional retirement rules prevent him from retaining a position he is no longer able to fulfill. However, aging may vary markedly with individuals, and I believe for that reason rules should be more flexible, retirement more



selective. When I was made chancellor and later educational consultant, Mr. Bernard Baruch wrote, "I'm glad you have been retained; there is no substitute for experience."

But what is society going to do with us oldsters, thirty-three million by the year 2002? It doesn't know what to do with twenty-three million of us now. Contemporary society should educate the young as to the problems and the status of the aged in the community. Indeed primitive societies revered the older members for their wisdom and counsel and set them apart as elders and as judges. Today society should provide gainful employment and opportunities for creative expression for the aged. They, too, wish to contribute to the life of the community.

Since the scientific literature on senescence is scant, I strongly advocate more intensive study be devoted to the subject. The available books on senescence range from the non-scientific work, *Seven Ages of Man; or The Progress of Human Life*, John Evans, London, 1834, to what I consider to be the best scientific approach of this century—G. Stanley Hall's *Senescence, The Last Half of Life*.

## 69. SOME FINAL OBSERVATIONS, 1970

1. My present physical health is good to excellent despite controlled arthritis, which is considerably controlled by medication, moderate activity, and protection from cold. Some stiffness slows me down as a gardener, although I may spend a day a week, sometimes two, in the yard, if the weather permits; but usually I find that such work is not as much fun as it once was. Although I still attend church regularly, I had to give up teaching a class on Sunday mornings. Since my sense of hearing does not allow me to lead discussions, I am unable to fulfill the important role of a teacher.

2. I find little observable change between my present mental vigor and that of my earlier years. Although I can work productively at my desk eight or more hours daily, I probably accomplish less than I did when I had to meet deadlines. At home



at night, I spend my time on newspapers, my diary, magazines, and books. Mental work today is easier and more pleasant than physical work.

3. As I have said before, my early studies of senescence have undoubtedly influenced my views of aging throughout my life. Such studies gave me insight into the nature and meaning of the complex process and have helped me to understand myself and others better. Actual aging resembles theoretical aging. Generalizations in regard to the effects of the process are impossible, since senescence affects individuals differently.

4. During the summer of 1958, I wrote a comprehensive article, "Compulsory Race Mixing in Schools Ignores Lessons of History," which was intended for publication. In this article I contended that the effectiveness of the integration of races depends upon the feeling of cultural identity held by each race. I advocated that integration should start at the top of the cultural ladder. The colleges should be the first to be desegregated, then the high schools, and finally the elementary grades. Furthermore, I thought that the mixing should take place slowly in order to avoid trouble. Although the article was never published, the validity of my thesis has been confirmed by subsequent events.

5. Over the years I have been seriously concerned by the fact that institutions and agencies lack a system of keeping accurate historical records in regard to administrative procedures and policy. Since these records can form the basis for future decisions, the importance of noting historical data is evident. Because this information is important, I strongly recommend that institutions and agencies provide facilities and staff for keeping records.

6. My gardening experiences have taught me to appreciate nature and her gifts. I recommend that those who are interested in learning more take walks through the woods, garden, and raise birds and animals. By such activities they can begin to understand nature, and eventually they will find their lives enriched.







## IX. ADDENDA

### ADDENDUM, I

#### *MAJOR MCV BUILDINGS*

Dates of Acquisition or Dates When Completed

Square Feet Occupied By Buildings And Total Cubic Feet

Egyptian Building, 1845; square feet 6,182, cubic feet 330,759.

Memorial Hospital, 1903; acquired in 1913, square feet 13,630, cubic feet 944,410.

McGuire Hall, acquired in 1913; fourth floor added, 1940, square feet 13,265, cubic feet 952,000.

St. Philip Hospital, 1920; square feet 6,765, cubic feet 529,186.

Dooley Hospital, 1920; square feet 2,642, cubic feet 107,110.

Cabaniss Hall, 1928; dormitory for nurses until June, 1967, square feet 9,756, cubic feet 560,500.

St. Philip Hall, 1931 and 1940; dormitory for Negro nurses until September, 1962; (now McFarland Hall), square feet 9,525, cubic feet 635,200.

Tompkins-McCaw Library, 1932; square feet 7,090, cubic feet 330,176.

Power Plant, 1937; square feet 6,182, cubic feet 278,514.

Laundry, 1937; square feet 6,745, cubic feet 174,478, discontinued in 1951.

A. D. Williams Memorial Clinic, 1938; square feet 11,852, cubic feet 1,095,157.



Hunton Hall, dormitory for housestaff, 1938; square feet 16,631, cubic feet 489,732.

Gaillard Laboratory, 1939.

First Baptist Church, bought 1939; cubic feet 160,000.

MCV Hospital, 1940; square feet 28,462, cubic feet 3,790,549.

Bear Group, 1941.

Stephen Putney House, bought 1943.

Medical Examiner's Building, bought 1946.

Bowe House, bought 1946; cubic feet 27,000.

Sir Moses Montefiore, acquired in 1949 and razed in 1957.

George Ben Johnston Auditorium, named 1949.

Frances Helen Zeigler House, bought 1950.

Brown-Sequard Laboratory, 1950; square feet 3,500, cubic feet 226,000.

Randolph-Minor Hall, dormitory for nurses, 1952; square feet 6,765, cubic feet 263,378.

Wood Memorial Building, Dental, 1953 and 1959-1960.

Randolph-Minor Annex (Afro-American Church) bought 1955.

McGuire Hall Annex, two units, 1955 and 1958.

Ennion G. Williams Hospital, 1956-1958.

Four Student Residence Halls, 1958.

Jefferson Davis Memorial Chapel, 1960.

Parking Deck, 1961.

Sanger Hall, medical and administrative, 1963-1973; square feet 32,405.

Strauss Research Laboratory, 1962.

Newton House, built 1839, acquired 1956 (MCV Foundation); cubic feet 32,000.

Monumental Church, 1965 (MCV Foundation).

Larrick Center, 1967.

Clinical Center, Self-Care Unit, 1968.

Harry Lyons Dental Building, 1970.



## ADDENDUM, II

*NEW DEVELOPMENT PROGRAM*

Failure of the Virginia General Assembly, session of 1922, to approve the consolidation of the Department of Medicine, University of Virginia with the Medical College of Virginia in Richmond caused the authorities and friends of MCV to adopt a new development program. Evidence of this move is reflected in a clipping from the Richmond News Leader, April 10, 1922, that was sent to me by a friend of many years and MCV graduate in medicine, Dr. M. B. Jarman, Hot Springs, Virginia:

## MEDICAL COLLEGE FUTURE BRIGHT

Faculty to Be Reorganized and Full-Time President  
Installed—Enthusiasm Runs High at Meeting.

Complete reorganization of the faculty and the election of a full-time president were some of the matters discussed Saturday night at the banquet held in Grays' armory by the faculty, board of visitors, alumni and the student body of the Medical College of Virginia. Dr. Stuart McGuire, dean of the college, said these changes would be brought about before the beginning of the next session.

Enthusiasm ran high at the meeting and all the speakers spoke in the most encouraging terms of the future growth and prosperity of the school. The failure of the legislature to pass the merger bill, they said, has not meant a defeat for the college, but has resulted in victory instead. The faculty and alumni, the speakers said, had been awakened by the legislative debates into a realization that the institution is of paramount value to medical education in the South, and that people all over the southland are ready to lend their support to its maintenance. Besides Dr. McGuire the speakers included Mayor Ainslie, Dr. S. C. Mitchell, former president of the college; Dr. J. Fulmer Bright,



Eppa Hunton, Jr., Julien H. Hill and J. E. Swindell.  
Invocation was offered by the Rev. F. T. McFaden.

### ADDENDUM, III

#### *RECOMMENDATION FROM HONORABLE HARRIS HART AND THE RESOLUTION OF THE STATE BOARD OF EDUCATION*

March  
Twenty-third  
1925

Dr. Stuart McGuire  
St. Luke's Hospital  
Richmond, Virginia

My dear Doctor McGuire:

I have conferred with Doctor Sanger on one or two occasions with reference to the presidency of the Medical College. He advises me this morning that at a meeting of the Executive Committee held last afternoon this committee had unanimously agreed to recommend him to your Board of Trustees as the President of the College.

Will you permit me to state to you that in my judgment this action of your committee is eminently wise and safe?

Doctor Sanger has been Secretary of the State Board of Education for several years, has established a very fine contact not merely with the public schools but with the colleges of Virginia and has given clear proof of unusual training, excellent judgment, and unlimited industry. He is regarded by the educational forces in Virginia as a constructive worker and a wise counsellor.

His training and experience and, added to this, his attitude make him peculiarly well fitted for the responsible position to which you would recommend him.



Since the circumstances are such that you can give insufficient of your own valuable time to the executive duties of this office there is no other man in our educational work whom I could recommend with more assurance and genuine pleasure.

With best wishes, I am

Very sincerely yours,

Harris Hart

Superintendent of Public Instruction

HH/F.

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The State Board of Education of Virginia accepts with profound regret the resignation of Dr. W. T. Sanger as Secretary of the Board. Since September 1, 1922, Doctor Sanger has filled the very important and difficult position of secretary with marked efficiency. His unusual educational qualification, his wide range of experience, and his fine judgment have equipped him in very unusual fashion for his duties.

His technical and professional training have been of great service to this board and to the Department of Education. His devoted industry and his thoughtful concern for every phase of the work in the Department of Education have made him an invaluable member of the Department staff.

The State Board of Education desires to record in lasting form its high appreciation of the service rendered by Dr. W. T. Sanger, as Secretary. It is therefore ordered that a copy of this resolution be spread upon the minutes of the State Board and a copy be forwarded to Doctor Sanger.

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DR. W. T. SANGER, SECRETARY  
STATE BOARD OF EDUCATION  
RICHMOND, VIRGINIA

THE DAILY NEWS RECORD JOINS ALL ROCK-  
INGHAM COUNTY IN CONGRATULATING ONE OF  
HER NOTABLE SONS UPON HIS SELECTION TO THE  
POST AS PRESIDENT OF THE MEDICAL COLLEGE  
OF VIRGINIA WE KNOW YOU WILL FILL YOUR



NEW OFFICE WITH THE SAME ABILITY THAT YOU  
HAVE MET YOUR OTHER RESPONSIBILITIES.

JOHN R. CROWN, EDITOR

## ADDENDUM, IV

### *EDITORIALS AFTER 25 YEARS*

#### DR. SANGER'S 25 YEARS

Dr. W. T. Sanger's first 25 years as president of the Medical College of Virginia—to be noted this evening with appropriate ceremonies—have been fruitful to medical progress in Richmond and Virginia. Dr. Sanger also has been influential in determining trends in medical education throughout the South.

Many things have happened in the field of medical science in the past quarter of a century, and Dr. Sanger has kept the Medical College abreast of these modern developments. But he has been ahead of his time in promoting the idea of regional education, the pooling of institutional resources with a view to providing a more effective and more comprehensive offering to researchers and other students.

It was the arrangement between West Virginia University and the Medical College, whereby students at the former institution's two-year medical school could complete their third and fourth years here, that set in motion the whole trend toward regional education for professional and graduate instruction which now is established in the South and is spreading to other areas.

The Medical College of Virginia has, of course, made notable progress since the 39-year-old secretary of the State Board of Education took charge in 1925, as the institution's first full-time president. Dr. Sanger succeeded the beloved and admired Dr. Stuart McGuire, who had guided the college's destinies while carrying on his extensive surgical practice. Dr. McGuire became convinced that the time had come for an administrator who could devote his entire thought and energy to the problem of bringing this old medical school to a full realization of its potentialities.



It will be agreed that extraordinary progress has been shown by MCV under Dr. Sanger's able and indefatigable leadership. Enrollment, teaching staff, physical plant, research, community services and bed capacity have all grown enormously. The institution's usefulness to Richmond and the State has expanded in proportion. For example, 97 of Virginia's 100 counties last year had students enrolled, or patients in one of the hospitals of the institution, or both.

Dr. Sanger has always had a special interest in providing better medical care and service for the rural areas of the State, and he has made real contributions toward that end. Under his leadership, too, MCV has pioneered in introducing a system of rotating internships to other hospitals. This plan provides for sending interns to hospitals in smaller communities, where they help those hospitals and at the same time gain valuable experience themselves.

The president of MCV has acquired a wide reputation as a result of his achievements here. He has turned down at least one highly tempting offer to go elsewhere.

His active mind has dreamed dreams of further usefulness and service for MCV, and some of those dreams are on their way to realization. May his remaining years as head of the great Richmond medical school be even more fruitful than the 25 which have just ended!

Richmond Times-Dispatch  
April 27, 1950

### DR. SANGER'S 25th

A little more than 25 years ago, on the day following Dr. William T. Sanger's election as president of the Medical College of Virginia, this newspaper commented editorially that the "singular but serious problem he must face . . . is to supply imagination to stimulate imagination—to provide some research, some fresh service to society, some new educational ideas to appeal to the guardians of the large trusts." How well Dr. Sanger has measured up to that problem may be judged by the eloquent testimony of MCV's growth under his administration



—from an annual budget of \$455,000 to one of \$4,398,000, from an undergraduate enrollment of 525 to an enrollment of 999, from a bed capacity of 424 to a capacity of 860, from an endowment fund of \$13,265 to a fund of \$3,200,000. His institution now ranks favorably with any State-supported medical school in the nation, superbly equipped, solidly financed, well placed for tackling the further expansions that keep cropping up in Dr. Sanger's active mind.

His first 25 years as MCV president have witnessed a fair share of setbacks, and Dr. Sanger himself is the first to insist that the college today is not all he wants it to be. He still needs some topnotch men for his faculty; he needs additional dormitory space, an improved dental school, a building dedicated wholly to research. But the accomplishments manifestly have been great—greater than this city could have expected 25 years ago. Imagination to stimulate imagination, energy to spur energy, endless hard work to inspire labor in others, and a questing mind reaching constantly for some higher goal—these have been Dr. Sanger's guideposts for a quarter of a century. They have led him ably on the path of good service to the Commonwealth and to the nation.

Richmond News Leader  
April 27, 1950

## ADDENDUM, V

WILLIAM THOMAS SANGER

### AN APPRAISAL OF HIS WORK

PORTER P. VINSON, B.S., M.A., M.D., D.Sc., F.A.C.P.

When I was asked to appraise the accomplishments of our retiring president, a feeling of inadequacy almost prevented my acceptance of this signal honor. My introduction to Doctor Sanger twenty years ago was through a mutual friend, Dr. Compton Broders, and was engineered by mail and telephone; but when I



met him in person and was taken into his home, I gained another friendship that I shall always cherish.

At that time, the Medical College of Virginia was just another struggling school with a mediocre physical plant located in a blighted section of Richmond and without adequate financial resources. The chief asset of the institution was the president, a well-trained educator in the prime of life. And now history has been made; the Medical College of Virginia is a top-ranking educational institution with excellent financial and physical resources. Our neighborhood has undergone a successful face-lifting operation.

If the question were asked, "Who has been responsible for this unbelievable transformation?" there would be only one answer—Doctor Sanger. The rest of us have watched with wonder the accomplishments of this great man and all of us rejoice that we shall continue to have the benefit of his wisdom in his new assignment as Chancellor.

And what are the characteristics of this man who has guided our school to such an enviable position?

First of all he is a man of vision. Is it any wonder that folks from other lands have difficulty in understanding our language when I refer to Doctor Sanger as a man of vision, when his chief physical handicap has been impaired eyesight? But you, his friends and associates, know that he set his sights on the stars many years ago and has never wavered. One by one we have seen the fruition of what we might call dreams, but to him they were visions—detailed plans for a great institution. And when we were able to see, he was no longer interested in the accomplished project, but was looking ten years in the future.

His next outstanding quality is industry. When he walks he does not take short, snappy steps, but in accordance with his life, his strides are long and there is an air of determination in his gait that indicates arrival at a goal no matter how long or how difficult the journey. Conviction of the worthwhileness of his job, devotion to duty, and the tenacity of the proverbial bulldog, combined with indefatigable energy, have given this man an unconquerable spirit that has never experienced defeat. His ability of concentration is illustrated by the following episode that oc-



curred a few years ago. At the beginning of a dinner party at his home just before giving thanks to his Heavenly Father for the provisions of his mercy, he was called to the telephone. When he returned to the table and all heads were bowed, the guests were astounded to hear him say—Hello!!!

Absolute integrity is the rule of his life and plain common honesty just comes natural with him; no cut corners, no "deals," no shortchanging anywhere along the line. His sincerity is absolute. You know where you stand with him at all times and this virtue has created a loyalty to and from friends and respect to and from all men in all stations of life. Along with his sincerity is a kindliness that never permits the creation of mirth at the expense of the feelings of others. He has a fine sense of humor, but not humor that offends. His ends are attained by persuasion and not by argument, and he is always glad to go the "second mile."

And finally, his most attractive virtue is humility. Flattery is not his blind side. I have been present at meetings and dedications of new buildings when speakers have praised his virtues in such terms that ordinary humans would be convinced of their great importance, but not Doctor Sanger. To paraphrase the old proverb, humility goeth before greatness.

And so Doctor Sanger we salute you—a man of vision, industry, integrity, sincerity, and humility. We are grateful to you for your years of service to the Medical College of Virginia and we look forward with pleasure and satisfaction to your continued association with us.

The Scarab  
August, 1956

## ADDENDUM, VI

### *EDITORIAL REVIEW AFTER THIRTY-ONE YEARS*

#### DR. SANGER'S DREAMS FOR MCV

Dr. W. T. Sanger's relinquishment of the presidential reins at the Medical College of Virginia to become the first chancellor



of that institution, marks a notable milestone in the history of medical education in Virginia and the South. Few men have contributed as much in this important field.

In order to appreciate the distance Dr. Sanger has brought the Medical College of Virginia since he took over as its first full-time president in 1925, it is helpful to recall the precarious condition of the college in those years. The beloved and admired Dr. Stuart McGuire was doing as well as anybody could have done, trying to serve as president of the institution, while looking after his own hospital and his extensive surgical practice. Dr. McGuire was the first to recognize that the college needed a full-time president.

\* \* \*

Dr. Sanger's appointment followed. He attacked the many problems with characteristic indefatigability. Today the results speak for themselves. The astronomical increase in the number of courses and the number of teachers and students, to say nothing of the better quality of instruction and research, are amazing. All this omits the vast growth in buildings, laboratories, and other equipment.

When Dr. Sanger arrived at the badly-limping college in the middle 1920's, there were schools of medicine, dentistry, pharmacy and nursing. By adapting general educational practices to the healing arts he developed a training school for some students, a college for others, and, in effect, a university for graduate study. Among those he added to the organization may be mentioned technicians, dietitians, physiotherapists, hospital directors, pharmacologists, pathologists, anaesthesiologists, and researchers.

Dr. Sanger has achieved all this because he dedicated his life to a single objective. From the time when he relinquished the secretaryship of the Virginia State Board of Education to take over the presidency of MCV, he kept his eyes fixed on just one star—the development of a top-flight medical institution.

The extent to which he succeeded is obvious not only in the standing of the Medical College, but in the standing of Dr. Sanger. Although he is not a professional medical man, but a Ph.D., his advice has repeatedly been sought by medical men



and medical institutions. In no fewer than 10 states, Dr. Sanger has served as official consultant on medical, hospital, and health problems.

He has also been extremely active in related fields, as president of organizations having to do with crippled children, parents and teachers, cancer control, rural health, and medical care, etc.

Special mention must be made of his pioneering work in the sphere of regional education. It was his arrangement with West Virginia University, whereby students at that institution could complete their third and fourth years here, which set in motion the whole trend toward regional professional and graduate instruction which has now spread to all parts of the nation.

\* \* \*

When given the Virginia State Chamber of Commerce annual distinguished service award for 1952—one of many honors that have come to him over the years—Dr. Sanger said the scroll ought to have gone to Mrs. Sanger. There is every reason to believe that he meant it. Those who are privileged to know this happy couple are aware of the inspiration which Dr. Sanger's able and charming wife has been to him throughout his career.

In retiring today, aged 70, we may be sure that this vigorous and alert man is not planning to put himself on any "shelf." As chancellor, he will be available to his successor, Dr. Robert Blackwell Smith, for any services he can perform for his beloved college. It seems safe to say that those services will be considerable and extensive, for William Thomas Sanger is still dreaming dreams for the future of MCV.

Richmond Times-Dispatch

July 1, 1956

## ADDENDUM, VII

### *BOARD RESOLUTION*

The sound development of the Medical College of Virginia over the past thirty-three years is closely identified with the selfless and untiring efforts of Dr. William Thomas Sanger.



His dedicated services and exceptional achievements are unparalleled in the history of the College, which he has seen mature into one of the nation's great medical centers.

The fruits of his labors are in evidence in the physical plant of the institution, in the calibre of its instruction and research, and in the quality of its hospital services.

His great contributions to education in medicine and allied fields are nationally recognized and constitute a source of pride and lasting satisfaction to the Medical College of Virginia, the Commonwealth of Virginia, and educators throughout the country who are familiar with his accomplishments.

The College, recognizing the requirements of law which will necessitate his retirement as an officer of the College as of June 30, 1959, desires continued access to his great store of knowledge relating to every phase of the activities of this institution, and needs his continuing advice and counsel.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Visitors of the Medical College of Virginia, hereby authorizes and directs the execution of a contract, effective July 1, 1959, between the President of the College and Dr. William T. Sanger, for his services as Educational Consultant, on a fee basis at the rate of \$3,600 annually, payable in quarterly installments, and

BE IT FURTHER RESOLVED that Dr. William Thomas Sanger hereby be accorded the status of Chancellor Emeritus, effective July 1, 1959, and that a copy of this resolution be communicated to him as an indication of the high esteem in which he is held by the members of the Board of Visitors and as a token of their abiding appreciation of his past services.



ADDENDUM, VIII  
COMMENCEMENT ADDRESS

May 29, 1956

THREE REMINDERS

William T. Sanger, *President*

Mr. Scott, distinguished guests, members of the Board of Visitors, and the faculty, the graduating classes, ladies, and gentlemen:

At this, my thirty-fourth consecutive MCV Commencement, I find myself a draftee to speak briefly, as mentioned by Mr. Buford Scott, chairman of our Board of Visitors.

Fortunately, there is one respect in which we are all born equal—each of us with 24 hours a day. I wish to offer three observations, or three reminders, that will make heavy demands upon your original daily capital of 24 hours.

I have often said to my colleagues at the college, "Given the funds, housing for a great medical center can be constructed within several years, but building an outstanding institution within these buildings is a never-ending job."

Similarly, given the funds, it is easy to build a house—your house—but making a home in it is a life-long undertaking. One of the cardinal human weaknesses is to take home, family, parents, and close friends for granted. This almost negative attitude makes against home building at its best. Only by eternal vigilance do we escape the pitfall of taking those dearest to us for granted. The details and emphasis in home building will vary with each of you as individuals except in one respect; it takes time and effort, constant effort, to be successful. *This is my first reminder.*

Graduation tonight means for you—entering a profession. One characteristic common to all professions has always impressed me: the work involved is primarily *an end in itself—not a means to an end*; thus compensation, or earnings, takes second place. The professional person, therefore, must find much of his



reward in the satisfaction of work well done rather than in monetary consideration.

We find a happy parallel in the experience of the creative artist. He paints, composes music, designs, or what not for the sheer love of the performance. Funds for paying the bill take second place, and, unfortunately, sometimes they have been scant.

Another parallel that I like is children at play. They are not exercising to get strong or grow up; their activities are ends in themselves—their own all but unconscious reward.

To me, the real professional, like the artist at work and the child at play, so completely loses himself in the performance of his varied responsibilities, whether easy or difficult, that his work satisfactions increase to the point where professional routine really is an end in itself. Thus quality is assured and a livelihood is likely to follow. *This is my second reminder.*

As with rewarding home life and professional development, so democracy must be achieved; it too comes with effort—the right kind of effort. This opportunity is a part of our social heredity. It is so easy for busy professional people to take this opportunity casually, to let someone else do the community work unless a challenging emergency arises, maybe an epidemic or a war. *Patriots of peace are important, too.* They are the people who identify their own welfare with the welfare of their community, as we all do in periods of crisis.

It is my conviction that *we are not entitled to the fruits of democracy unless we help to produce them.* I think this holds true whether our concern is local, state, national, or world-wide.

Professional people have had unusual opportunities and, therefore, have unusual responsibilities not only to be good citizens but to set good examples for other citizens. How complicated these responsibilities are! Complicated because life becomes more complicated all the while.

Civic work, like other work, is rewarding if we give ourselves to it as an end in itself—lose ourselves in the greater social welfare. Heed the call to community service with zest; soon you will take to it with happiness, remembering that the community may be local or even international. *This is my third reminder.*



My three reminders are really the same—the same philosophy for each. Whether building our basic institution, the home; the profession you are to live by; or functioning as a citizen—all three are interrelated. We do our best by making each an earnest effort, an end in itself, so soul-consuming as to bring the ultimate in what some call the “good life.”

I can assure you from experience that it is not easy to balance out the use of time in the right proportion to meet the demands of *home—profession—community activities*. Often I have failed at one point or another.

As of tonight, new and promising doors open to each of you. As you enter, you have our combined support, our continuing interest, and our hearty congratulations. Make a good go of it!

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Editor's Note: (Medicovan) *As the graduating classes this year were the last classes to be awarded diplomas by President Sanger, the Board of Visitors unanimously requested that he make the Commencement address.*

*Since he became president of MCV in 1925, Doctor Sanger has not missed a Commencement.*

## ADDENDUM, IX

### WHAT THE EDUCATOR THINKS THE IDEAL MEDICAL CURRICULUM SHOULD BE\*

W. T. Sanger, President, and A. W. Hurd, Director of  
Educational Research  
Medical College of Virginia  
Richmond, Virginia

#### INTRODUCTION

“Everybody says that the curriculum must be revised but nobody seems to be anxious to fire the first gun, so, here is your

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\* Read at the Fifty-sixth Annual Meeting of the Association of American Medical Colleges, held in Pittsburgh, Pennsylvania, October 29-31, 1945.



chance." Thus the secretary of this Association ended his commission to the authors of this paper. Certainly this is more than a two-man undertaking; however, we are making bold (1) to set forth a series of fundamental criticisms of the medical curriculum; (2) to outline certain factors involved in curriculum construction; and (3) to recommend a procedure to develop a medical curriculum on the basis of cooperative educational experimentation.

It is true that there is general dissatisfaction expressed with regard to both the organization and the subject matter of the medical curriculum and also teaching in medical schools. We made a digest of 196 articles which have appeared on this subject during the past two decades. This digest covers 46 single spaced typewritten pages. The digest was then reduced to 130 points or statements. An attempt was next made to roughly group these statements under six larger categories, as follows, recognizing at the same time the possibility of classification under other categories: (1) Concern for, and study of, the curriculum, in order to remedy its deficiencies and improve it as a whole; (2) unification of all parts of the premedical and medical curriculum into a unified whole to accomplish the major aim and contributing objectives laid down as guide posts; (3) adequate but not too specialized considerations of the parts of the curriculum which make up the whole; (4) attention to the student as a responsible self-learner with the instructor as a guide and director of learning so that the abilities of the student will be developed to the optimum to make him a successful medical practitioner and person; (5) consideration of the patient as a personality in a general and particularized environment,—physical, biological, social, and psychological,—to the end that the student doctor may get a complete insight into all factors of health and disease; (6) aspects of the qualifications of instructors, and the methods and procedures used in their functions of instruction.

Two English reports, one by the Interdepartmental Committee on Medical Schools of which Sir William Goodenough<sup>1</sup> was chairman, and the other on medical education by the Planning Committee of the Royal College of Physicians<sup>2</sup> recently voiced criticisms at many points quite like those from leaders in



this country. Lately a discussion of the curriculum of the United States Naval Academy by Hanson W. Baldwin, *New York Times*, October 12, 1945, has a familiar ring. He states that "the four-year course is already crowded and overcrowded and yet new technological developments that cannot be ignored are constantly occurring"; that "the midshipman complains that far too much is 'thrown at him' and that his instructors are simply 'referees' between him and the book"; that the curriculum "does not fully stimulate the midshipman to reason and to analyze"; and that "there is not sufficient time available even to read newspapers and be informed with reference to world affairs." Change a few terms in Mr. Baldwin's indictment and we shall be sure he is referring to medical education.

#### I. SOME CRITICISMS OF PRESENT CURRICULUM

It is natural, we believe, that there should be dissatisfaction with the medical curriculum, because it has largely grown by accretion; is the product mainly of opinion and judgment, not exact educational experimentation; and has become tradition bound with no one apparently willing to break away from it completely enough to meet current requirements. In consequence, certain recognized educational principles and requirements are violated. Here are some of them:

(1) LITTLE PROVISION FOR INDIVIDUAL DIFFERENCES.—It can hardly be questioned that one of the greatest discoveries for education of our older generation is that of individual differences. Many curricula in general education have been organized to provide as far as possible for such differences. However, except for a minimum of electives the medical curriculum is still lock step both as to curriculum and as to the time required for completion of the course, a veritable ball and chain to the development of individual initiative. Those who fall short under this rigid system are marked unfit and eliminated. This emphasis can be perpetuated obviously because there is a multiplicity of students applying for medicine. Under this practice, we tend to select for admission or retention in school the more dominantly intellectual, non-emotional type which, if perpetuated indefinitely,



will standardize the medical profession as to type, perhaps to a surprising extent in the future, not unlike the product of the assembly line. The extrovert, if he is bright enough, has a much better chance of survival in medical school than the introvert of equal brightness. The latter is more susceptible to fears, worry, and the severities of the present lock-step system which too often involves the "take it or leave it" approach.

(2) SHORT COURSES.—When the addition of new instructional material has seemed advisable, this has too often been accomplished by the addition of a short course, rather than by a fundamental reorganization of segments of the curriculum to include the new materials. Provision of "educational nibbles" in the form of short courses is wasteful of educational effort. They should become units soundly organized into longer courses, given, if advisable, by more than one individual, each responsible for his unit fitted into a coherent pattern of educational material.

(3) UNWARRANTED DISCRETE UNITS OF INSTRUCTION.—Maximum continuity in education is advisable. The break between premedical and medical education should be reduced to a minimum, and the break between preclinical and clinical, too often emphasized both in terminology and practice, cannot be defended on educational grounds. Students should be led to feel, both as to individual courses and groups of courses, that no part of their educational experience is independent of what is to follow, that no day's assignment, when completed, can be left behind for the next one presumably more important. Both in speech and in practice, coherence, continuity, and interdependence of all units of instruction are highly desirable. Ways must be found to integrate the premedical with the medical to a greater extent, and the medical sciences with clinical subjects. The expression "pre-clinical" could well be abandoned because it carries the wrong connotation which many students catch and then say to themselves, "Thank goodness, this preclinical morsel has been disposed of. Now we shall get on to medicine in the clinic and hospital." There is also another serious gap to bridge—between undergraduate and graduate medical education.



(4) TOO DETAILED.—Wherever a great body of knowledge, accumulated across the centuries, is to become a part of the social heredity of the new generation, it is not an easy task to give proper perspective to principles, and the associated scientific method, as against related details. It is equally difficult for a medical scientist to keep his eye single to teaching his subject in strict relation to requirements of medical practice, as against the requirements of specialization in his science. He is afraid to pass up details, fearing that his students may later be found deficient in subject matter. With only so much time allowed for the acquisition of ever increasing details, the student takes to memorization as basic in his study methods, for there really is not time to think and analyze, to marshal principles in their meaningful relations and make deductions or proceed inductively. He hardly has time even to pick out the principles for memorizing. Thus study and learning become a deadening sort of thing with reduction of enthusiasm and zest for medical study. To meet this situation, spoon feeding comes into play, and the students, who are not by nature good at memorizing, become the prey of fears so devastating to good scholarship. The educational climate thereby becomes unfavorable, whereas learning is done at its best when it is agreeable and pleasant.

(5) TEACHING BY DEPARTMENTS.—The current medical curriculum encourages, and almost requires, teaching by departments, rather than by subjects which cut across departmental lines. Hence, departments become increasingly autonomous and their representatives unwilling to participate in efforts to integrate instruction, which is so essential to most effective and permanent learning.

(6) COURSE PLACEMENT IN THE CURRICULUM.—Like the courses themselves, their placement in the curriculum is still basically empirical, the product of tradition, although course placement is so important that it should be subjected to the exactest possible experimentation.

(7) IS THE CURRICULUM MODERN?—In the current curriculum, have preventive medicine, positive health and health teach-



ing, economies, and sociological and psychological factors found a rightful place?

(8) IS IT TOO VOCATIONAL?—Finally, is our medical curriculum too vocational and professional? What are the dangers of segregating the medical student, by reason of subject matter requirements, and the consumption of time required for their mastery, from the factors of general education, including the fine arts, and life today viewed broadly, during the four years of his course in medicine, and to a considerable extent during the years of internship and hospital residency?

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Thus, we have attempted to show some of the deficiencies of the medical curriculum which explain, in part at least, the general dissatisfaction regarding it: that it fosters lock-step education with few provisions for individual differences; that it is burdened with short courses which should be incorporated in appropriate longer courses; that it does not properly articulate pre-medical and medical, preclinical and clinical work, and undergraduate and graduate study, and suffers throughout from inadequate integration; that too many details are provided for through too many hours of instruction; that it fosters teaching by departments rather than by subjects in the broad sense; that course placement in the curriculum is not exactly enough determined; that, perhaps, it is not modern, is ill related to the demands of today and tomorrow; and that it may be overvocational and professionalized.

It is a truism in education that the poorer the curriculum organization and subject matter, the greater the demand it makes on teaching ability. Since hardly any institution has enough good teachers, it follows that it is highly important to improve instruction as far as possible by improving the curriculum. We can hardly afford to do less. Medicine is such a human subject touching life intimately, that it should challenge the curriculum makers to evolve the best of all curricula.

## II. FACTORS IN CURRICULUM CONSTRUCTION

The first questions to raise in planning a medical curriculum are: (1) For whom is it designed, for those who have had two,



three, or four years in general education of college grade? (2) What general aims and what specific objectives or goals is it to serve, that is, what sort of a physician as end product is expected? (3) By what means of evaluation or appraisal are we to know when the aims and the objectives adopted have been realized? (4) What time will be allocated for the curriculum, four calendar years, more or less? (5) What postgraduate or graduate work will follow, and for what percentage of graduates? (6) What factors favorable to learning should be kept in mind in the selection and distribution of subject matter through the curriculum? (7) How are the functions of examinations to be related effectively to the curriculum? (8) What is the relation of teaching methods to the curriculum? (9) On the negative side, how are such criticisms as the eight brought against the present curriculum in Part I of this paper, and others, to be avoided, or minimized, in the ideal curriculum? (10) What general philosophy is to apply? Is instruction to serve the whole student, for example, or is it frankly to serve intellectualism alone? Each of the ten foregoing items merits some further consideration:

(1) WHAT PREPARATION FOR MEDICAL STUDY?—With few exceptions, medical schools now require three or more years of preliminary college work before admission. The national trend, to regard general education as closing with about the first two years of college may, in time, affect the point at which a student should transfer from college to the medical school. If a real educational break is to come at the end of the second college year, whether marked by the twelfth or fourteenth year of schooling, rather than the student take an additional year with another break, it might be argued, with point, that the student should transfer to medical school at the end of his general education, expecting the medical school to carry him for five years at least, and some would favor six years. If, then, in the first year of the medical school, certain subjects now regarded as premedical were incorporated and given more specific direction towards medicine in some subjects, physics, for example, the transition from the



liberal arts college to the medical school would be easier and would permit a much more exact appraisal of the student's personality and abilities during his first or transition year in the medical school than is possible under the present system. Regardless of whether this procedure wins favor, there are good reasons to justify it from a strictly educational point of view. If we are to take students after the junior year in college, or the senior year, the medical curriculum should be articulated properly to the preceding educational experience in each case. Many students now take courses in college which are repeated in whole or in part in medical school, probably to more disadvantage than advantage. Time is too precious to waste it in this kind of misplaced effort.

Dr. Henry G. Sigerist<sup>3</sup> has made out an interesting case for a six-year medical curriculum based on two years of college. Those who are not familiar with it are referred to his program for a new medical school.

(2) GENERAL AIMS AND SPECIFIC OBJECTIVES OF THE COURSE.—Some may contend that it is enough to say that the general aim of the medical curriculum is to produce a modern physician and let it go at that. But should not each faculty take time enough to analyze the characteristics and qualifications of this modern physician? What knowledge and skill; what traits of personality; what social competence; what mastery of his native language; what appreciation of the fine arts; what understanding of social, economic, and other current problems; and what sense of responsibility as a citizen, is the budding physician to possess? These and other more detailed issues should be set forth it seems to us, in a comprehensive set of general and specific aims and objectives. These will vary with the philosophies and the interests of the several schools. It will be somewhat futile for them to be the same. Some institutions, for example, may expect more research competence to result during the undergraduate course than others, and accordingly select incoming students and direct them to that end, but it seems to us that the student should look into the catalog of his school and find there what kind of physician the faculty and the facilities of the institution



are cooperating to help him become, under the best possible circumstances.

(3) EVALUATION OF CURRICULUM AIMS AND OBJECTIVES.—Adequate procedures for the evaluation of the general aims and many objectives of the curriculum, to determine more accurately whether these have been realized in the student, step by step, are probably the most neglected aspects of the educational process. We have long depended on individual judgment of an authoritarian nature, often unfavorably biased or partial, although tests, examinations, quizzes, recitations, and actual performance have had a share of attention. However, subjective judgment is not enough when science demands unbiased evaluation. We have great need for more objective, reliable, and valid measurement of educational outcomes and methods. Although there has been some activity towards this goal in recent years, a satisfactory state of affairs has not yet been reached. But it is clear that improvement in education measurement must come if we are to be able to evaluate, and appraise validly, progress in the development of curricula and their best use. We must not forget that attempts to improve measurements directs impelling attention to objectives and plans and eventually help to make these more clear and distinct. With improved means of appraisal, we can increasingly expect better courses, better teaching, better student performance, and a better end product.

(4) TIME ALLOCATED TO THE CURRICULUM.—Whether the curriculum should cover four or more years, it is fairly safe to say that the details of the present curriculum must be reduced or the course lengthened, and even if lengthened, we would advocate a reduction in details, a considerable increase in well-organized electives, a longer school year, say, by six to twelve weeks, affording an optional summer quarter to some students at the close of the sophomore and junior years. Reasons for this suggestion and for giving students the option of proceeding through school at several different rates, some to do more research, should be left to further investigation.

(5) WHAT EDUCATION TO FOLLOW GRADUATION.—The recent British reports have emphasized that the solution of some



of their problems of the undergraduate course can be found in clear differentiation between undergraduate, postgraduate, and graduate education, restricting the undergraduate curriculum to nonspecialized subjects, leaving them to later study. By that much the undergraduate course can be freed of certain curriculum materials. It is imagined, however, that there will not be general agreement as to what can safely be left to the student's hospital experience unless that experience, as the British plan it, is to be put on a more definite and assured educational basis. That does not for us mean formal education; it does mean a planned, general curriculum, so to speak, for the hospital housestaff, with educational experiences amply planned and effectively carried out. Such a procedure will call for considerable change in some hospitals.

(6) RELATION OF FACTORS FAVORABLE TO LEARNING AND THE CURRICULUM.—Certain factors favorable to learning must be kept in mind in the selection and distribution of subject matter through the curriculum. One example, from many available, will illustrate the point. To what extent should a course, say, pathology, be concentrated into one semester, or extended over an academic year, to say nothing of its planned integration with many other subjects of the curriculum? Experimental education has clearly shown the advantage of distributing learning opportunities over a given period, determined as optimal for the subject. Generally speaking, learning would be favored by not compressing pathology into a single semester but by extending it at least over a year, maybe a longer period. The reasons for this conclusion are both biological and psychological and are well set forth in many experimental studies of learning. Teaching which calls for mere memorization without immediate application or experience has been shown to be of little value. This implies that any series of pure theory courses, without constant correlation with practice, are poor substitutes for an integrated curriculum, tying up theory with practice all along the line. In addition to the already established factors favorable to learning, it is highly probable that others can also be derived by extending the frontiers of experimental studies in medicine.



(7) EXAMINATIONS AND THE CURRICULUM.—Although examinations strictly speaking are not a part of the curriculum *per se*, yet they have an important relation to it. What, after all, are the functions of examinations? Are they merely to test knowledge and its application, or are they essential to the educational process? They give opportunity for one of the most important of educational experiences. On the one hand, preparation for them gives the student an opportunity to view subject matter as a whole, to marshal it in usable organization, to make it readily available for use in a variety of ways, perhaps the most important of which is problem solving; on the other hand, it gives the instructor an opportunity to evaluate his performance during the course and the validity of his illustrative materials, laboratory exercises, and choice and use of clinical cases. What an individual does in preparation for examinations is quite what he is likely to do through life in preparation for a conference, for a lecture, for a case in court, for a consultation, and many other undertakings. Life for many of us is one examination-like preparation after the other, and we thank school days for experience. Examinations really should be welcomed and not regarded as “doomsday” performances. Unfortunately, they are often poorly set, poorly timed, and because performance on them is likewise poor, the ultimate expedient may be to tinker with the curriculum in the hope of getting better examination results. Is there wisdom in suggesting that examinations not immediately follow the closing of any year-long course, but follow after a period of ten days or two weeks, freeing the student for additional reading in the field, as a supplement to reviews, and other typical preparation for the examination? Further, has a student, in instances, any right to be consulted as to the date of his examination, measured by his own self-judged preparation for it?

(8) RELATION OF TEACHING METHODS AND THE CURRICULUM.—The curriculum, for the most part, conditions teaching methods. If the curriculum overemphasizes memorization, teaching methods take that direction also. If the curriculum is largely traditional, teaching follows the same pattern. Conversely, if teachers insist on adopting new procedures, these may influence



curriculum revision, as has been noted in the efforts to effect better integration, through emphasizing larger units of instructional material, such as teaching diseases of the chest from the standpoint of medicine, surgery, pathology, anatomy, bacteriology, et cetera, rather than teaching them by departments independently.

(9) HOW AVOID CURRENT CRITICISM OF THE CURRICULUM?

—It is easy to criticize, which is generally futile unless constructive. How are the criticisms set forth in the first part of this paper, and others which could be brought forward, to be minimized or avoided altogether? There is a remedy for each of the eight criticisms previously mentioned and for others. In instances, this will be found, in part at least, by the application of one or more of the principles set forth in the second part of this paper. But the ultimate remedy in many respects must await further scientifically controlled educational experimentation; that admittedly is a slow process but no slower than any other carefully controlled investigative work. Such a procedure will likely lead to these results, as in other fields of education: individualized plans of instruction; comprehensive courses extending over much longer periods of time; the unit plan of curriculum and course organization with each unit definitely related to larger units and thence to the total curriculum; the avoidance of too long periods of time spent on relatively unimportant details; reduction in unnecessary duplication with stress on a more balanced emphasis of the details of instruction, including assurance that no important items will be omitted; new syntheses of courses cutting across present departmentalized and detailed research courses; every course related to its utilization in practice in time, as well as content; elimination of the obsolete, and replacement by more modern materials; emphasis on the student as a member of society as well as a professional expert; and so on.

(10) EDUCATIONAL PHILOSOPHY AND THE CURRICULUM.—

The educational philosophy which the faculty adopts in setting up its curriculum will naturally come out in connection with the general aims, objectives, or goals adopted for it. However, a



broad, more general educational philosophy may be applied. That may become an important issue. Should the student as a total personality, or merely his intellectual interests, be the concern of the curriculum makers and school administrators? The latter simplifies the issues but for some educationists it does not meet all requirements of the educational process. Intellectualism can be considered at its best while still recognizing the demands of the "whole" student, his interests, his emotions, his drives, his diversions, and his relation to the community and to world affairs, et cetera. It is not necessary to pursue this emphasis further; it is clear that if the development of the student's total personality, and that includes character, is the responsibility of the medical school and also the teaching hospital. The curriculum, the school environment, and the administrative arrangements of the institution have definite relation to making this aspect of educational philosophy work.

### III. COOPERATIVE EDUCATIONAL RESEARCH AND THE IDEAL CURRICULUM

There are already worthwhile medical curricula, some more challenging and interesting than others: the course suggested by Sigerist<sup>3</sup>, another by Zapffe<sup>4</sup> as long ago as 1927, and others in current medical school catalogs. Notwithstanding, our study shows wholesome dissatisfaction with the general curriculum situation. Any curriculum which we might present would contribute little more, unless it is the outgrowth of sound experimentation based on selected investigative techniques which are available and which should be developed further. The ideal curriculum, it is our deep conviction, will, therefore, come out of acceptable, controlled, scientific educational research, conducted preferably on a well-organized cooperative basis. Because of prevailing discontent, we are convinced that this is preeminently the time to suggest launching this effort.

In the preparation of this paper, we considered outlining a number of the elements of curriculum research but the complications are too many for the time allowed. It can only be said, in consequence, that the work should proceed much like any other research, by analyzing all of the discernible elements involved,



such as the problems set forth in Part I of this paper; and then press on, with the guidance of such factors as those set forth in Part II, employing throughout the best research techniques available.

Who is to do this research? It seemed to us that the Association of American Medical Colleges might find in it a great opportunity. Financing might be provided through contributions from member institutions, and from one or more foundations. Conceivably the details of the work might be carried out in a variety of ways—a strong committee set up by the Association with a technical director, paralleled by a similar committee within selected medical schools, which might volunteer to cooperate in a program of activities set forth by the committee of the Association, and later worked over at a meeting of this committee with the committees of the cooperating schools. It might be found advisable for one school to undertake one phase of the work, other schools different phases, and in several parallel phases to provide for close checking of results. All results, of course, would ultimately be checked by different institutions using the same procedures.

It is hardly to be expected that many schools would volunteer to undertake curriculum revision experimentally. It might be found to depend principally on the interest of a few men in a given school, this interest spreading from them to others. Single phases of the project could be undertaken if only a limited number of faculty members agree to the program. At best, such an undertaking would require five years to make a showing. After that it is predicted that some schools would never give up this method of keeping the curriculum up to date. It should be frankly understood that curricula are never completed; they are always in the process of development to that end.

We so strongly believe that research on curriculum content and organization is just as important as research on any one of the many unsolved aspects of medicine, that we can only believe that lasting good will result to medical education if this Association will assume aggressive, expert leadership in its behalf. This should not be taken to mean that some good work has not already been done. However, isolated instances of this sort fail



from lack of appreciation and use. The consequent immediate need seems to be an adequately organized approach which an agency like this Association could so effectively give. At any rate, we have attempted to show some of the problems of the medical curriculum, some of the related factors, and have ventured to propose a program likely to solve many of these problems in the shortest possible time with the greatest chance of general approval and acceptance.

For extended bibliography refer to original publication, *Journal of the Association of American Medical Colleges*, January, 1946. Reprints are available from the author.

## ADDENDUM, X

### *PERPETUATING OUR HERITAGE*

by

William T. Sanger

October 12, 1949

Many believe that those peoples are likely to be great who keep strong ties with the past. To this end, we as a people attempt to preserve our heritage in books, in the arts, in science, in industry, and in museums. In another century how much of Virginia's early domestic architecture will be left? The written record of these homes and the life of olden times is not enough.

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We are grateful to those individuals who have been diligent in preserving our old homes, furniture, and gardens. Colonial Williamsburg is an example of what can be achieved in preservation. Unfortunately Richmond has not instituted efficient methods to safeguard her architectural landmarks. Organizations, such as the Association for the Preservation of Virginia Antiquities, and concerned individuals have had insufficient funds to save buildings of historical interest. MCV herself has had to engage in demolition work on account of lack of funds.

However, before World War II, MCV did begin to investigate the possibilities of creating a miniature village, which would feature a variety of architectural types spanning the period from 1607-1840. "The Village" would provide housing for students and some members of the staff and would serve as an historical exhibit of certain types of buildings. It would be a living museum, as it were. "The Village" which I envisioned, was supposed to accomplish three objectives: (1) the housing of staff and students; (2) the exhibiting of architectural types; (3) the preserving of our heritage.

A small, but spacious, village could profoundly influence its inhabitants. The village complex itself could serve as a model for studies in architectural design, landscaping, and interior decoration. The complex could also function as a center for gracious living, in which students and faculty could interact in social and academic pursuits.

"The Village" could serve the community of Richmond and the whole of Virginia as a haven for historically valuable buildings, marked for destruction. It could then function as an architectural preserve in which individual visitors and tourists groups would be welcomed. Thus both Richmond and MCV would benefit from the reputation accorded to this development.

### *Financing "The Village"*

The financing of "The Villiage" could conceivably have been a problem. However, I foresaw that the gifts of individual contributors and the sale of bonds could provide the necessary funds. Contributions could be encouraged by honoring major donors



with a plaque. Furthermore, the rent from donated structures could provide income for the contributor, if he so desired. The cost of maintenance could be decreased by the construction of interconnecting tunnels. These tunnels could be used for utility pipes and electrical wiring for the whole community, and could function as a means of distribution of supplies and as a protection to pedestrians from the weather.

## ADDENDUM, XI

### *FOR MCV ALUMNUS*

This section provides for the MCV alumnus to record his name, current address, degree received, year graduated, and space for comment on his professional career for the benefit of his family or others. Such further identification with alma mater could be both interesting and helpful in the passing years. Please test this suggestion.

Name of MCV graduate.....

School .....

Year ..... Date today .....

Current Address .....

Comments on professional career and other items for posterity:































Institutions have personalities and changing philosophies, reflected from management, mission, and social setting. For the Medical College there will and should be changes as time moves on.

A case is made for the general application to various types of agencies and institutions of the principles found useful at the Medical College of Virginia in administration and management, in working with the Board and committees, in using advisers, in setting priorities, in preventing incomplete records, in delegating responsibility, and in accepting failures calmly, for later they may prove otherwise.

A score card for administrators developed and used by the author may be useful to others.

Many prominent people, lay and professional, are mentioned in the book.

Your author, as student, surveyed the aging process in theory and with older persons and thus prepared for studying this process in himself and others in the laboratory of experience, to age eighty-six.

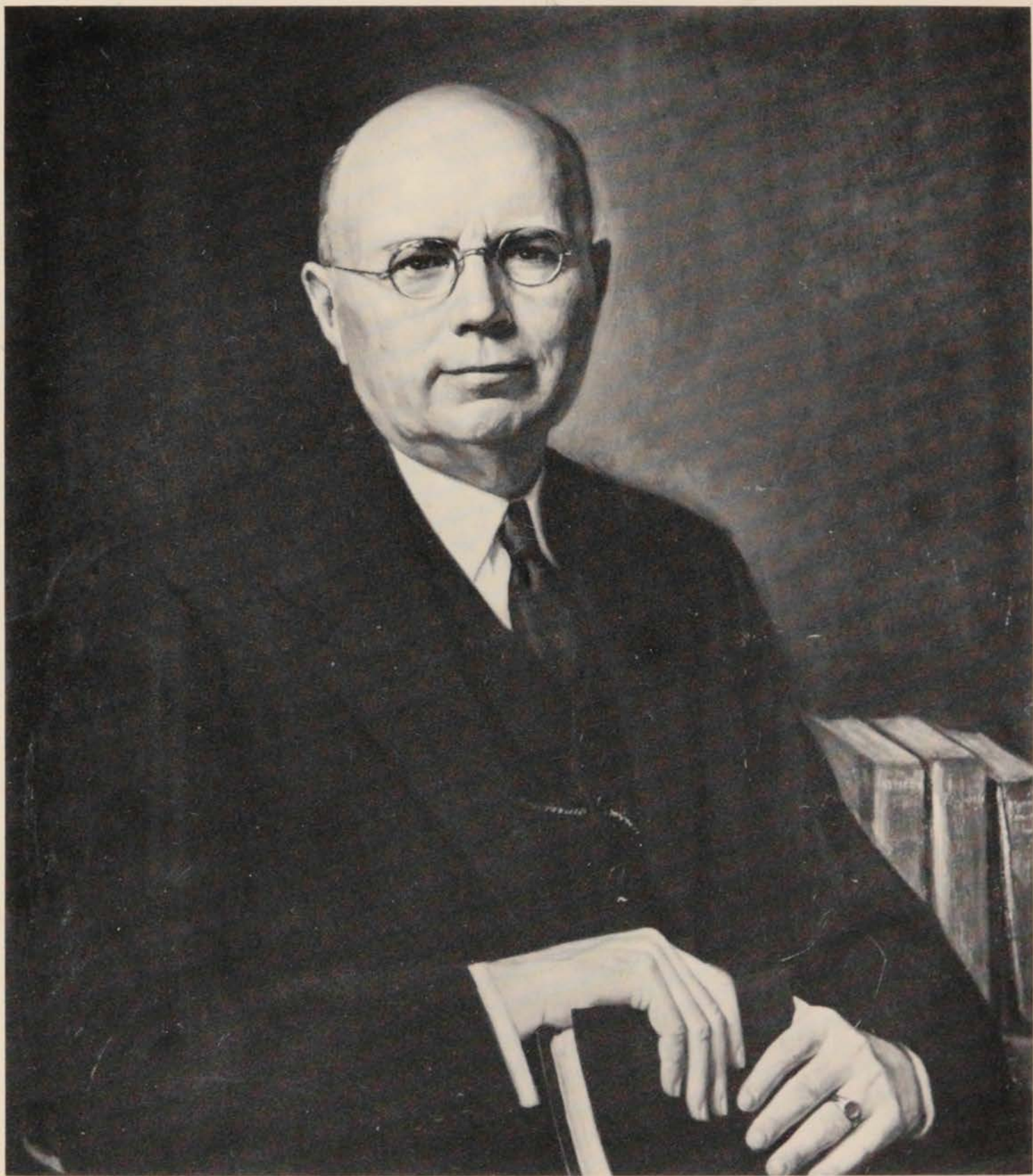
Both contents and addendum should be examined.

WTS









**D**R. WILLIAM T. SANGER was president of the Medical College of Virginia from 1925 to 1956, chancellor from 1956 to 1959, and retains the title of chancellor emeritus. He is at the present time executive director of the Medical College of Virginia Foundation. Doctor Sanger is known as Mr. MCV and it is indeed hard to separate the Medical College of Virginia from him. MCV was and is his life; his devotion to it made MCV in good part what it is today. His early life reflects the industry which still characterizes him. To know Doctor Sanger and his lovely wife, Sylvia, is to love them.